



ORIGINAL OFFICIAL RECEIPT MUST BE SUBMITTED- PLEASE MAKE COPY FOR YOUR FILES

Application for Emergency Road Service Refund

CAA South Central Ontario, 60 Commerce Valley Drive East, Thornhill, Ontario L3T 7P9

CAA's 24 Hour Communication Centre 1-800 -CAA-HELP (1-800-222-4357) or - *222 from cell phone

SECTION 1 – Identification please PRINT clearly

Membership number: 620-282 _____ Phone #: _____

Name: _____

Address: _____ Postal code: _____

SECTION 2 – Requesting Service

Whom did you call to obtain service: _____

Did you attempt to call CAA and with what results: _____

SECTION 3 – Service Call Information

Date of service (mm/dd/yy): _____ Time of service: _____ AM/PM Amount paid for road service only \$ _____ CDN / U.S

Vehicle information: Make: _____ Model: _____ Year: _____ Did your vehicle have valid plates/sticker? _____

Name of towing Company that provided the service: _____

Were you present when service was provided to the vehicle? Yes No If no, who was with vehicle: _____

Exact location of breakdown: _____ City: _____ Prov / State: _____

Vehicle was: on major 400 series type hwy on street parking lot Other: _____

SECTION 4 – Service Provided

What type of service was provided: Tow Start Tire Gas Unlock Locksmith Winching

Other (specify): _____

If vehicle was towed please continue.

Reason for tow: Stolen Legal infraction Mechanical breakdown Accident **Please provide a legible copy of the accident report.**

Other (specify): _____

Vehicle was towed to: Home Garage for repair Impound yard Accident reporting centre Other (specify): _____

* **Tow destination:** _____

**How many kms / miles was vehicle towed: _____ Was a police officer present? Yes No

Accident / stolen vehicle claim: FOR CLAIM TO BE CONSIDERED IN AN ACCIDENT, ALL FIELDS MUST BE COMPLETED.

Name of insurance Co.: _____ Phone number of Insurance Co.: _____

Policy number: _____ Have you or will you be submitting a claim? Yes: _____ No: _____

If yes, please explain why insurance is not covering the cost of the tow: _____

I understand that reimbursement will be considered based on the Club's Emergency Road Service Guidelines. I am submitting or have submitted my original, *official itemized receipt , not a photocopy . In signing, I declare that no insurance or other roadside program has paid or will pay all or any portion of this claim

X _____ Date: _____