Insurance Travel Roadside Rewards

CAA South Central Ontario Road Trip Interruption and Accident Assistance Premier Membership Claim Form

Benefits

If you are on a leisure trip and your vehicle is delayed due to an accident, mechanical breakdown, car theft, fire, unexpected illness or injury that prevents you from completing your intended trip, we are here to help.

Conditions

To avoid delays, please ensure you have filled out all applicable areas on this form to support your claim.

- The Member's name must be on the original receipts submitted (photocopies not permitted). Altered receipts, store bought receipts or hand written notes will not be accepted. Airfare receipts must be accompanied by a boarding pass. Cash register receipts are not acceptable unless they itemize what the charge is for.
- The incident must have taken place within Canada or the United states, 200 km or more from the Member's primary residence.

A complete list of conditions for these benefits can be found in your *Guide to CAA Membership Benefits* or on our website at www.caasco.ca.

PLEASE PRINT

Premier Member Information (Driver at the time of the Incident)

First Name	Last Name	Membership Number
Address		City
		Postal Code
Home Telephone Number	Business Telephone Number	E-Mail Address

Vehicle Information

Year	Make	Model	License Plate Number
Owner's Name	Home Telephone Number		Business Telephone Number
Address	City		Postal Code
Insurance Company	Policy Number		Telephone Number
Insurance Company Contact Person			

Breakdown Information

Address/Location of Breakdown	City	Province/State

Vehicle Return Benefit Claim Information - Benefit Covers Up To $500.00 Canadian Maximum Annually

Benefits will not be made payable if the transportation of the vehicle could have been performed by another licensed driver

Date (yy/mm/dd)	Name of Commercial Transportation Company	Telephone Number
Address of Commercial Transportation Company		
Briefly Describe the Circumstances of Your Illness/Accident that Required your Vehicle to be Commercially Transported		

Please submit all original receipts and documentation to:
ERS Refunds Department, CAA South Central Ontario, PO Box 8075 STN Industrial Park, Markham, Ontario, L3R 0K4

CAA South Central Ontario Road Trip Interruption Assistance
Premier Member Claim Form … Continued

Trip Interruption Benefit Claim Information - Benefit Covers Up To $600.00 Canadian Maximum Annually **Actual cost of repair is not covered – Complete the Information below then proceed to "Other Expenses"**			
Date (yy/mm/dd)	Name of the Repair Facility	Address of Repair Facility	
Type of Repair			Amount of Repair **$**

Road Trip Accident Benefit Claim Information - Benefit Covers Up To $2000.00 Canadian Maximum Annually **Complete the Information below then proceed to "Other Expenses"**			
Date (yy/mm/dd)	Time (AM or PM)	Location of Accident (Address)	
Accident City/Town and Province/State		# of Passengers in Vehicle 1 (your vehicle)	# of Passengers in Vehicle 2
# of Passengers in Vehicle 3		Police Department Accident was Reported	Police Officer's Badge Number
Police Department Address		Police Department Telephone Number	Accident Report File Number
Briefly Describe How The Accident Happened			
Describe Vehicle Damage			Amount of Damage **$**

Vehicle Theft or Fire Claim Information - Please check whether fire or theft **Complete the Information below then proceed to "Other Expenses"**		**Theft** ☐	**Fire** ☐
Date (yy/mm/dd)	Time (AM or PM)	Location of Theft / Fire (Address)	
City/Town and Province/State of Theft / Fire		Police Department Theft /Fire was Reported	Police Officer's Badge Number
Police Department Address		Police Department Telephone Number	
Briefly Describe the Circumstances of the Theft / Fire			

Other Expenses (i.e. hotel / air fare / rental car etc.) **May only be claimed as a submission for the Trip Interruption or Trip Accident Benefit once annually.**
Briefly Describe the Other Expense Being Submitted

I understand that reimbursement will be made for only one type of expense and within certain limitations as described on this form, based on paid receipts enclosed. I also understand that I may only submit a claim for these benefits once annually.

I certify that I am the CAA South Central Ontario Premier Member who was driving the automobile that was completely disabled owing to an accident, mechanical failure, theft, fire or illness/accident that prevented me from completing my intended trip.

Check Type of Expense You are Submitting For

- Local Lodging and Meals ☐
- Commercial Car Rental ☐
- Commercial Transportation ☐

Signature

Date

Please submit all original receipts and documentation to:
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