CAA South Central Ontario

TRIP ACCIDENT ASSISTANCE CLAIM FORM

CHECK TYPE OF EXPENSE TO BE REIMBURSED

☐ **LOCAL LODGING & MEALS** **OR** ☐ **COMMERCIAL CAR RENTAL** **OR** ☐ **COMMERCIAL TRANSPORTATION**

Up to $300.00 for Basic Members and up to $600.00 for Plus Members

Note: Benefits are to be claimed only by a CAA Member whose car, while being driven by said member, is disabled as the result of a reportable motor vehicle collision accident occurring 200 kilometers or more, from home.

PLEASE PRINT

MEMBER INFORMATION (DRIVER AT TIME OF ACCIDENT)			
First Name	Last Name		Membership Number **620 282**
Address		City	Postal Code
Home Telephone Number	Business Telephone Number		Membership Expiry Date

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		Telephone Number	

ACCIDENT INFORMATION			
Date (yy/mm/dd)	Time (AM or PM)	Location (Address)	
City/Town and Province/State where accident occurred	# of Passengers in Vehicle 1 (your vehicle)	# of Passengers in Vehicle 2	
# of Passengers in Vehicle 3	Police Department to Which Accident was Reported	Police Officer's Badge Number	
Police Department Address		Police Department Telephone Number	
Briefly Describe How Accident Happened			
Describe Vehicle Damage			
Amount of Damage **$**	How many kilometers from Driver's home did the accident occur?		

OTHER CAA MEMBERS IN VEHICLE AT TIME OF ACCIDENT		
Name	Age	Sex (M or F)
Address	Telephone Number ( )	
Name	Age	Sex (M or F)
Address	Telephone Number ( )	

I understand that reimbursement will be made for only one type of expense and within certain limitations, based on paid receipts enclosed and will not exceed $300.00 ($600.00 to CAA Plus members) per accident. Benefit claimed is for a CAA South Central Ontario member who was driving an automobile that was completely disabled owing to an accident.

Signature

PLEASE COMPLETE AND RETURN THIS FORM WITH POLICE REPORT AND ORIGINAL RECEIPT(S), TO:

CAA SOUTH CENTRAL ONTARIO – ERS Refunds Department,
PO Box 8075 STN Industrial Park,
Markham, Ontario, L3R 0K4
Email: ersclaims@caasco.ca