



MECHANICAL BREAKDOWN REIMBURSEMENT FORM

Please send National Claims Solutions:

- 1) All original receipts and proof of payment for services. Original receipts will be returned once the claim is closed.
Note: If the services were paid on your behalf by your carrier and then deducted from your pay, please submit a copy of your payroll deduction.
- 2) A completed copy of this form.

| |
|---------------------------|
| Client Code (Office use): |
|---------------------------|

CLIENT INFORMATION

| | | | |
|------------------|-------------------|----------------|--------------|
| Name of Insured: | Registered Owner: | Policy Number: | |
| Phone Number: | Mobile Number: | Email: | |
| Address: | City: | Prov.: | Postal Code: |

VEHICLE INFORMATION

| | | | |
|-------|-------|---------|--------|
| Year: | Make: | Unit #: | VIN #: |
|-------|-------|---------|--------|

BREAKDOWN DETAILS

| | | | |
|--------------------|--------------------|-------|--------------|
| Date of Breakdown: | Time of Breakdown: | City: | State/Prov.: |
|--------------------|--------------------|-------|--------------|

REIMBURSEMENT DETAILS Please check all that apply and complete associated information

To process your claim according to your policy, we will required **valid traceable and identifiable** confirmation of payment:

- The cancelled cheque (a copy is acceptable)
- Direct payment or debit receipt
- Authorized electronic credit card receipt and/or statement
- Bank statement

Cash, money orders and bank drafts are not acceptable forms of payment

| | | | |
|--|---|--|-----------|
| <input type="checkbox"/> Towing <input type="checkbox"/> Road Service | Name of Company: | Phone Number: | |
| | Invoice Number: | Towed from: | Towed to: |
| | Amount paid: \$ <input type="checkbox"/> CAN. <input type="checkbox"/> U.S. | Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Other: | |

| | | | |
|---|---|--|--------------|
| <input type="checkbox"/> Accommodations | Name of Facility: | Phone Number: | |
| | Invoice Number: | Checked In: | Checked Out: |
| | Amount paid: \$ <input type="checkbox"/> CAN. <input type="checkbox"/> U.S. | Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Other: | |
| VEHICLE REPAIR RECEIPTS ARE REQUIRED WITH SUBMISSION Please note that to qualify for this benefit your vehicle must be in a repair facility for at least 2 consecutive nights | | | |

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Transportation <small>(to your home and back to repair facility)</small> | Method of Transport: | Invoice/Ticket Number: | |
| | Amount paid: \$ <input type="checkbox"/> CAN. <input type="checkbox"/> U.S. | Paid by: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Other: | |
| | VEHICLE REPAIR RECEIPTS ARE REQUIRED WITH SUBMISSION Please note that to qualify for this benefit your vehicle must be in a repair facility for at least 2 consecutive nights | | |

DIRECT DEPOSIT – Complete this section or attach a void cheque to have your reimbursement deposited directly into your account

| | | |
|--------------------------------|----------------------------|-----------------------|
| Name of Financial Institution: | Name of Account Holder(s): | |
| Transit # (4 or 5 digits): | Institution # (3 digits): | Account # (7 digits): |
| Branch Address: | | |

Signature: _____ Date: _____