



# CAA South Central Ontario Roadside Refund Claim Form

## Eligibility Requirements

While CAA SCO strives to be available to service its Members at all times, there are situations when 3<sup>rd</sup> party services are required or recommended to our Members.

If the CAA service was available but not used, reimbursement consideration will be made at the local contract station rate, subject to approval by CAA SCO. We will reimburse you for any service normally provided under your membership. In instances where the CAA contractor's access is legally restricted (e.g., toll roads, limited-access highways), full reimbursement will be provided for towing back to the service facility or the nearest exit.

To be eligible for reimbursement consideration, members are required to:

- Contact and be advised by CAA SCO to proceed with 3<sup>rd</sup> party service
- Have an active membership at time of 3<sup>rd</sup> party service
- Have a service call available for use at date and time of service and reception of submission. (At least 1 call available during that period)
- Submit their claim within 30 days of service
- Provide requested correspondence and documentation including the CAA South Central Ontario Roadside Refund Claim form.

Claims will be limited to maximum entitlements per Membership Benefits based on membership level. Rates will not exceed those indicated on the Tow Documentation/outlined in our Terms & Conditions.

Claims and accompanying documents submitted for reimbursement consideration must bear the Member's name.

Reimbursements will be calculated at a 'fair rate', which will be determined by:

- Regulated municipalities – rates posted by the servicer within the municipality
- Non-regulated municipalities – average of posted rates within regulated municipalities

## Exclusions:

The following circumstances are excluded from reimbursement:

- Service provided for non-member
- Police ordered service for a legal infraction
- Accidents – tows to Collision Reporting Centers

Member Information			
First Name	Last Name	Membership Number 620 282	
Address		Postal Code	City/Province
Home Phone Number	Cell/Bus Phone Number	Email Address	
Vehicle Information			
Year	Make	Model	License Plate



November 26, 2018

Reimbursement Information			
Name of Facility Used		Facility Phone Number	Date (YY/MM/DD)
Time (am/pm)	Location/Address of Breakdown		City / Province
Vehicle was located in/on: Highway <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Driveway <input type="checkbox"/> Underground <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:			
Did you call CAA? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what number did you call from?	Amount Paid for Road Service (\$):	
Type of Service that was required: Tow <input type="checkbox"/> Boost/Start <input type="checkbox"/> Lockout (Keys) <input type="checkbox"/> Fuel <input type="checkbox"/> Stuck/Extrication <input type="checkbox"/> Other <input type="checkbox"/> If Other, please specify:			
Tow Destination (complete if Service required was Tow):		Police Ordered Tow: See below** Yes <input type="checkbox"/> No <input type="checkbox"/>	Tow Distance: Km <input type="checkbox"/> Mi <input type="checkbox"/>
Accident/Stolen Vehicle Claim – All Fields Must be Completed			
Insurance Company:	Policy Number:	Telephone Number(s):	Were the police Present? See below** Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company Contact: (Person to Contact, Phone Number, Email)		Will you be submitting an Insurance Claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please explain why your insurance company is not covering the cost of service.			

\* Please remember to attach original, itemized bill/invoice of services with this form

\*\* If you selected Yes  for *Police Ordered Tow*, please attach corresponding incident report or report number.

**I Understand that reimbursement will be considered based on the CAA SCO Emergency Road Service Terms & Conditions.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date (YY/MM/DD)