ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST

CLUB REIMBURSEMENT POLICY: For emergency service provided by non-AAA facilities, when AAA service is not available, please submit your request for reimbursement consideration. Member reimbursements are consistent with AAA contract rates and generally will not equal private garage charges. Except on limited-access roads, Members must make every effort to secure AAA service first.

FOR REIMBURSEMENT CONSIDERATION, PLEASE SUBMIT THE ORIGINAL RECEIPT WITHIN 60 DAYS OF THE DATE OF SERVICE. PLEASE ALLOW 3-5 WEEKS FOR PROCESSING.

Was a Member in the vehicle at the time of breakdown? ☐ Yes ☐ No	**Membership Number:** 438-212-
Member's Name:	**Cell Phone #:** **Alternate Phone #:**
Mailing Address:	
Email Address:	
Vehicle Driver:	**Vehicle Type:** ☐ Passenger ☐ Van ☐ Truck ☐ RV
Service Date: **Time:** a.m. p.m.	**Year/Make/Model:**
ACCIDENT: If your vehicle was involved in an accident, please provide documentation, from your insurance company or another insurance company, which indicates that the towing charges are not being covered in full or in part under an insurance claim.	
Type of Service: ☐ Flat Tire ☐ Battery ☐ Fuel ☐ Tow ☐ Lock-out ☐ Winch ☐ Other:	
Was the vehicle towed from an accident? ☐ Yes ☐ No **If Yes, Insurance Claim #:** **Were multiple vehicles involved?** ☐ Yes ☐ No	
Breakdown Location (street, city, and state):	**Location Vehicle was Towed to (street, city, and state):**
Name of Service Facility Providing Service:	**Towing Mileage:** **Total Charges: $**
Breakdown Reason:	
Was AAA Called? ☐ Yes ☐ No **If Yes, what phone # was used?**	**Were the Police Involved?** ☐ Yes ☐ No
Why was AAA service not used?	

FOR OFFICE USE ONLY:

Requested: $_____ :001 $_____ :005 $_____ GW $_____ Premier $_____ RV $_____ Original: ☐ Yes ☐ No Entitle: ☐ Yes ☐ No Call: ☐ Yes ☐ No	**POLICY:** ☐ Classic ☐ Plus ☐ Plus RV ☐ Premier YJ: _____ Check: _____ Prob: _____ Reason: _____ Initials: _____	**COMMENTS:**

RETURN COMPLETED FORM TO: AAA | Attn: Member Relations | P.O. Box 55610 | Lexington, KY 40555
OR BY EMAIL TO: ACA_reimbursements@aaa-alliedgroup.com. For questions, call 800-763-8200 and choose option 1 for reimbursement.

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