TRIP INTERRUPTION EXPENSE REIMBURSEMENT APPLICATION

$1,000 PLUS AND $500 CLASSIC

CRITERIA: The AAA Member must have been a Member in good standing at the time of the accident and in the vehicle at the time of the accident. A police report and insurance verification must be submitted or no reimbursement will be provided. Coverage does not apply to tires, mechanical breakdown, motorcycles, or recreational vehicles (RVs).

You must have been involved in an accident with another vehicle or object, in which your vehicle was rendered unsafe to drive, while on a planned leisure trip. The trip must take the Member 100 driving miles or more from the primary residence (membership billing address). Your trip must have been intended to include at least one overnight stay within the U.S. or Canada, and does not exceed nor planned to exceed 45 days. Your vehicle must be disabled, unable to be repaired, and inoperable for a minimum of 8 hours. Submit reasonable and unanticipated expenses for alternate ground transportation or car rental of an equal or lesser vehicle-class than your disabled vehicle (excludes taxis and limousines), **or** submit for lodging and meals for the first 72 hours from the initial accident. Expenses must have occurred within the time required for you to arrive either at your trip destination or home, whichever is less.

EXCLUSIONS: Alcoholic beverages and fuel or expenses paid by your insurance carrier are not eligible for reimbursement.

Your application must be received within 60 days of the accident for reimbursement consideration.

INSTRUCTIONS: IF ALL ELIGIBLE CRITERIA HAVE BEEN MET, COMPLETE THE FOLLOWING FOR REIMBURSEMENT CONSIDERATION.

Please include ALL of the following supporting documentation:

- ☐ Letter supporting the facts, in chronological order of your travel plans and accident
- ☐ Copy of police incident/accident report
- ☐ Copy of vehicle registration
- ☐ Original itemized paid receipts for expenses
- ☐ Copy of your insurance card or verification of insurance

Name of Applicant: _____ **Date:** _____

Membership #: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Person Driving Vehicle: _____ **Date of Occurrence:** _____

Location of Accident: _____

Trip Destination: _____

Police Department Name: _____

Police Department Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Alternate Transportation: $ _____ **Lodging: $** _____ **Meals: $** _____ **Misc.: $** _____

TOTAL Amount Requested: $ _____

Signature of Applicant: _____ **Date:** _____

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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