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, under the terms of the membership, up to the amount it would have cost AAA to provide service under similar circumstances. 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?	Membership Number:
□ Yes □ No	438-212-
Member's Name:	Daytime Phone #:
	Evening Phone #:
Mailing Address:	
Email Address:	
Vehicle Driver:	Vehicle Type: 🗆 Passenger 🛛 Van 🗖 Truck 🔲 RV
Service Date:	Year/Make/Model:
Time: a.m. p.m.	
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: I Flat Tire Battery Fuel Tow Lockout Winch Other:	
Was the vehicle towed from an accident? Yes INO 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	Were the Police Involved? Yes No
If Yes, what phone # was used?	
Why was AAA service not used?	
FOR OFFICE USE ONLY:	
Requested: \$ POLICY: □ Classic □ Plus :001 \$ □ Plus RV □ Premier :005 \$ YJ: GW \$ Check: RV \$ Prob: Original: □ Yes □ No Reason: Entitle: □ Yes □ No Initials:	COMMENTS: