



ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST

Instructions:

For reimbursement consideration, please complete form, scan and email a copy of the receipt within 60 Days of the date of service. Please allow up to 60 days for processing.
Return completed form via email to: aca_reimbursements@aaa-alliedgroup.com.

Reimbursement Guidelines:

Members must contact AAA prior to obtaining service for reimbursement request to be considered. For emergency service provided by non-AAA facilities, when AAA service was not available, please submit your request for reimbursement consideration.
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.

Member's Name:	Membership Number: 438-212-
Mailing Address:	Phone # (indicate cell, home, etc.) Email address:
Was AAA Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were the Police Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why was AAA service not used?	
Service Date:	Time: _____ a.m. _____ p.m.
Vehicle Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> RV	Yr./Make/Model
Cause of breakdown:	
Type of service provided: <input type="checkbox"/> Flat Tire <input type="checkbox"/> Jump Start <input type="checkbox"/> Fuel <input type="checkbox"/> Tow <input type="checkbox"/> Lock-out <input type="checkbox"/> Winch <input type="checkbox"/> Battery Warranty (Failed battery test required) <input type="checkbox"/> Other:	
Premier Mbrs Only: <input type="checkbox"/> Home Lock-out (up to \$150) <input type="checkbox"/> Taxi Service (up to \$55) <input type="checkbox"/> Battery Replacement (failed battery test required)	
Name of Service Facility Providing Service:	Breakdown Location (street, city, and state):
Location vehicle was towed to (street, city and state) (if applicable)	Miles towed
Was the vehicle towed from an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Insurance Claim #:	Amount Requested: \$

FOR OFFICE USE ONLY:		
Requested: \$	POLICY: <input type="checkbox"/> Classic <input type="checkbox"/> Plus <input type="checkbox"/> Plus RV <input type="checkbox"/> Premier <input type="checkbox"/> Premier Battery	COMMENTS:
Basic \$		
Plus \$		
Premier \$		
RV \$		
GW \$	YJ:	
	CS:	
Original: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prob code:	
Entitle: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason code:	
Call: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials:	