

EMERGENCY ROAD SERVICE APPLICATION FOR REIMBURSEMENT

Reimbursements will only be considered when:

1. Your BCAA membership is in good standing
2. Reimbursement is due to a sudden & unexpected mechanical breakdown in a geographical area covered for service
3. You attempted to contact BCAA/AAA/CAA; both within and outside the Province of British Columbia
4. BCAA Member was occupant of vehicle at time of mechanical breakdown and present at time of service
5. The claim **is not** related to vandalism, theft, any type of insurance claim or police citation
6. **Original** paid invoice in the members name is provided to BCAA with this claim form. Original unaltered service provider's invoice includes name and address of the service provider. (no credit card slips or photocopies)
7. Vehicle was licensed and insured for road travel at time of mechanical breakdown
8. Reimbursement requested is an entitlement within your membership type; please refer to www.bcaa.com

Your membership details:

Membership Number:	620 273		
Name of the member in vehicle at time of breakdown:			
First Name:		Last Name:	
Contact Information:			
Street:	City:	BC	Postal Code:
Primary Phone Number:	Email :		

What Happened?

Did you attempt to contact AAA/CAA? If no why not?			
If AAA/CAA was called why did you pay for the service?			
What was the reason for the breakdown?			
When was the break down?			
Date:		Time:	
What was the location of the breakdown?			
	City:	State or Province:	
If towed, what is the address of where it was towed to?			
Address:	City:	State or Province:	

Please return and mail: 1. Application for reimbursement form 2. Members original paid invoice in members name (no credit card slips or photocopies) to BCAA 5590 Goring St, Burnaby B.C. V5B 3A3

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Reimbursement request

- Please list your expenses under your membership category
- BCAA Member must have BCAA RV coverage to be considered for RV reimbursement

Make and model of Vehicle					
Type of RV					
Motor Home Length					
Type of Service	Basic	Plus	Premier	Plus RV	Premier RV
Towing	\$	\$	\$	\$	\$
Please enter Kilometers Towed					
Light Service – i.e. battery boost, tire change, keys in car	\$	\$	\$	\$	\$
Please enter the type of light service you received					
Locksmith – use this section for key replacement services	\$	\$	\$	\$	\$
Total amount requested	\$	\$	\$	\$	\$

Additional information if required:

Entitlements, coverage's and terms and conditions are subject to change; please visit www.bcaa.com for details.

Member signature _____ **Date** _____

Please return and mail: 1. Application for reimbursement form 2. Members original paid invoice in members name (no credit card slips or photocopies) to BCAA 5590 Goring St, Burnaby B.C. V5B 3A3 **Page 2 - Please complete both pages of this form.**