



APPLICATION FOR ROADSIDE ASSISTANCE REIMBURSEMENT

If this claim was a result of a collision please submit the receipt / invoice to your insurer.

PLEASE ATTACH THE ORIGINAL PAID RECEIPT AND MAIL IN OR BRING IN TO YOUR NEAREST CENTRE WITHIN 30 DAYS OF SERVICE.

Address mail to: RSA Reimbursements, AMA, Box 8180, Station South, Edmonton, AB, T6H 5X9

Membership # 620 272, Expiry Date, PLUS Effective Date, Member Name, Join Date, Premier Effective Date, Cheque to be sent to, City/Town, Prov., P.C., Your Day Telephone, Date of Service, Vehicle Year, Make, Model

Type of service received: Tow Boost Lockout Flat Winch Fuel Other

In order for this application to be given proper consideration, please try to answer every question.

Location of vehicle breakdown (be specific)

Name of Facility Contacted

If Towed, where to? If winched, how long?

Distance towed (one way) km miles

Name of town/city closest to breakdown

Did you call the Club for Roadside Assistance? YES NO

Were you in the vehicle at the time of breakdown? YES NO

If service was provided on a Motorhome, is it Class A, B or C? Dual Wheeled? YES NO

Did you present your valid membership card at the time of service? YES NO if no, why not?

COMMENTS:

Note: If you did not request the CAA/AAA Roadside Assistance contractor that services the area, reimbursements are limited to the AMA Club Set Rate.

Member's Signature Date

Form completed by Centre #

ROADSIDE ASSISTANCE USE ONLY

Date received Centre/Branch #

Processed by Date Processed

Regular \$ + CAA Plus \$ + CAA Plus RV \$ Sub-Total \$

Exchange rate @ GST \$ = TOTAL \$

CASH PAYMENT YES or NO IF YES, AMOUNT PAID \$