

# Legal Fees Reimbursement Claim Request

FOR OFFICE USE ONLY			
ACCIDENT DATE	DATE OF CLAIM	BRANCH OFFICE SUBMITTING CLAIM	DOLLAR AMOUNT OF CLAIM AWARDED
MEMBERSHIP NUMBER	EXPIRY DATE	NAME (MEMBER/CAR OWNER)	
ADDRESS STREET	CITY	PROVINCE	POSTAL CODE
TELEPHONE: BUSINESS		HOME	
DATE OF ACCIDENT		TIME OF ACCIDENT	
WERE THERE OTHER PASSENGERS IN THE VEHICLE? ARE THEY MEMBERS?			MEMBERSHIP NUMBER(S)
SPECIFIC LOCATION	NUMBER OF MILES FROM HOME	STREET OR AVENUE	CITY AND PROVINCE
	NAME		DATE OF RELEASE
LICENSE NUMBER OF VEHICLE		MAKE/MODEL	COLOUR
NAME OF REGISTERED OWNER			
		POLICY NUMBER	
DESCRIPTION OF OFFENCE, TYPE OF CHARGE, COMMENTS:		<p><b>NOTE:</b> Please attach receipts for all expenses and attach copy of the police report and Lawyer Claim Form. Otherwise reimbursement cannot be made.</p>	
		LAWYERS FEE \$	
		CHARGE \$	
		MISCELLANEOUS \$	
		TOTAL \$	
		CLAIM \$	
		I hereby certify the above to be an accurate submission of expenses as a direct result of a Legal Offence. No charge shall be reimbursed if involved with drugs or alcohol.	
		SIGNATURE	
		DATE	

**COMPLETE AND SEND TO:**  
**CAA Niagara**  
**P.O. Box 1440**  
**St. Catharines, Ontario**  
**L2R 6S3**



**LEGAL FEES REIMBURSEMENT**