

Trip Accident 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
WAS ANYONE HOSPITALIZED?	NAME		DATE OF RELEASE
LICENSE NUMBER OF VEHICLE		MAKE/MODEL	COLOUR
NAME OF REGISTERED OWNER			
		POLICY NUMBER	
DESCRIPTION OF ACCIDENT (WHAT HAPPENED):		<p>NOTE: Please attach receipts for all expenses and attach copy of the police report and/or Insurance Claim form. Otherwise reimbursement cannot be made.</p>	
		ACCOMMODATIONS \$	
		MEALS \$	
		COMMERCIAL CAR RENTAL \$	
		COMMERCIAL TRANSPORTATION \$	
		TOTAL \$	
		CLAIM \$	
		<p>Maximum allowable Trip Accidental Reimbursement claim for Basic Members is \$300, in Canadian funds, Plus Members \$500, in Canadian funds. I hereby certify the above to be an accurate submission of expenses as a direct result of a collision which rendered the vehicle unsafe to drive.</p>	
		SIGNATURE	
		DATE	

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



TRIP ACCIDENT REIMBURSEMENT