

## Roadmaster Claim Form

**Member Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Membership Number** \_\_\_\_\_ **Inception Date of Membership:** \_\_\_\_\_

**Plan Type** (please indicate which plan was purchased):

\$48 Reimbursement Auto Club – 6 Months       \$80 Reimbursement Auto Club – 12 Months

\$45 Roadside Asst. – 6 Months       \$70 Roadside Asst. – 12 Months       \$110 Classic Plan

**Claim Information:**

**Towing**

Towed to: \_\_\_\_\_ Towed from: \_\_\_\_\_

**Lock Out**

**Roadside Assistance**

**Date of Loss/Disablement** \_\_\_\_\_ **Cause of Disablement:**  **Accident**  **Other**

**Member signature** \_\_\_\_\_

*Please be sure to attach all **original** receipts from service facilities. The receipts should include the Name, Address and Telephone Number of the company. (For example: a towing receipt bearing the name, address and telephone number of the towing service, as well as the charge for service)*

Mail this completed form and **original** receipt(s) to:

**Roadmaster  
Suite 100  
800 Yamato Rd.  
Boca Raton, FL 33431-4431**

✓ Be sure to keep copies of everything mailed to the company

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: (       ) \_\_\_\_\_