



CAA SCO Road Service Reimbursement Claim Form

Eligibility Requirements

While CAA South Central Ontario (CAA SCO) strives to be available to always service its Members, there are situations when 3rd party services are required or recommended. In these situations, Members must complete the following claim form for reimbursement consideration.

Please note, before you submit a claim, review the following criteria, and ensure you have all information and documentation requested to expedite the claim process. Any mandatory missing information may result in a delay and/or denial of your claim.

To be eligible for reimbursement consideration, Members must:

- Contact and be advised by CAA SCO to proceed with 3rd party service or require service in an MTO-designated tow zone.
- Have an active membership at the time of 3rd party service (reimbursement will not be considered if a membership was purchased after a road service event whereby 3rd party services were utilized).
- Have at least one service call available for use at the date and time of the road service event.
- Submit their claim within 30 days of service.
- Provide all mandatory information and supporting documentation requested on the claim form (including original itemized receipts – non-itemized receipts will not be considered).
- Claims and accompanying documentation must bear the Member's name.

For complete details on claim reimbursement eligibility, please review our [Membership Terms and Conditions](#).

Exclusions

The following circumstances are excluded from reimbursement:

- Service provided for non-members
- Police-ordered service for a legal infraction
- Accidents (tows to Collision Reporting Centres)

Member Details			
First Name	Last Name	Membership Number (16-digits) 620 282	
Address		Postal Code	City/Province
Home Phone Number	Cell/Work Phone Number	Email Address	
Vehicle Information			
Year	Make	Model	License Plate



Facility/Service Details			
Name of Facility Used		Facility Phone #	Date of Service (YY/MM/DD)
Time of Service (a.m./p.m.)	Breakdown Location/Address		City & Province/State
Vehicle location at time of service: Highway <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Driveway <input type="checkbox"/> Underground <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:			
Did you call CAA before obtaining service? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what phone number did you contact CAA from?	Amount paid for service (\$):	
Type of service that was required: Tow <input type="checkbox"/> Boost/Start <input type="checkbox"/> Lockout (Keys) <input type="checkbox"/> Fuel <input type="checkbox"/> Stuck/Extrication <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:			
Were you located on a 400-series highway and required to receive towing service from a government-authorized tow provider? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>			
Tow Destination (complete if service required was tow):		Tow Distance: KM <input type="checkbox"/> MI <input type="checkbox"/>	
Police Ordered Tow: See below** Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why was the vehicle ordered moved by the police? Accident <input type="checkbox"/> Blocking Live Lane <input type="checkbox"/> Safety/Bad Location <input type="checkbox"/> Legal Infraction <input type="checkbox"/> N/A <input type="checkbox"/>		
Accident/Stolen Vehicle Claim – All Fields Must be Completed			
Insurance Company:	Policy Number:	Telephone Number(s):	Were the police Present? See below** Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company Contact: (Name, Phone Number, Email)		Did you submit an insurance claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the claim approved by your Insurer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain why your Insurer is not covering the cost of service.		

** If you selected Yes for *Police Ordered Tow*, please attach corresponding incident report or police report number.



Insurance
Travel
Roadside
Rewards

I understand that reimbursement will be considered based on the CAA SCO Emergency Road Service Terms & Conditions.

_____ Signature

_____ Date (YY/MM/DD)