



# ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST

**CLUB REIMBURSEMENT POLICY :** Request for reimbursement in accordance with Membership level (Basic, Plus, or Premier) may be submitted for emergency service provided by non-AAA facilities when AAA service is not available. Reimbursement request will be considered for amounts up to the amount it would have cost AAA to provided service under similar circumstances. To be eligible for reimbursement members must be in good standing and have attempted to secure service from AAA first, unless AAA is legally prohibited from providing service on the roadway.

**For reimbursement consideration, please submit the original receipt within 60 days of the date of service. Please allow 3 weeks for processing. For questions please call 1-844-765-6428**

Membership Number: 620-240-		Was a Member in the vehicle at the time of the breakdown? Yes                  No	
Member's Name:		Contact Phone #:	
		Email:	
Mailing Address:			
Vehicle Driver:		Vehicle Type:    Passenger                  Van                  Truck                  RV                  MC	
Service Date: Time:                  a.m.                  p.m.		Year/Make/Model:	
Type of Service:                  Flat Tire                  Battery                  Fuel                  Tow                  Lockout                  Winch                  Accident                  Other			
Was AAA Called?                  Yes                  No		If yes, what phone number was used:	
If no, why was AAA service not used:			
Breakdown Location (Street, city, and state):		Location Vehicle was Towed to (Street, City, State):	
Name of Service Facility Providing Service:		Towing Mileage:	
		Total charges: \$	
Breakdown Reason:			
Were the Police involved?                  Yes                  No			
<b>REIMBURSEMENT WILL BE BASED ON THE PREVAILING COMMERCIAL RATES FOR THE REGION WHERE THE VEHICLE WAS DISABLED AND THE LEVEL OF YOUR MEMBERSHIP COVERAGE. SEE AAA.COM FOR MEMBERSHIP COVERAGE.</b>			
<b>FOR OFFICE USE ONLY:</b>			
Policy:                  Classic                  Plus Plus RV                  Premier		Comments:	
Original:                  Yes                  No			
Entitle:                  Yes                  No			
Call:                  Yes                  No		Date Sent:                                  Initials:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail completed form along with the original receipt to:**

**AAA Northeast, Attn: Reimbursements  
110 Royal Little Drive, Providence, RI 02904**

**Or**

**AAA Northeast, Attn: Reimbursements  
1415 Kellum Place, Garden City, NY 11530**