

CAA Manitoba Road Service Reimbursement Claim Form

Eligibility Requirements

While CAA Manitoba 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 MB to proceed with 3rd party service.
- 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 60 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 with a Manitoba Public Insurance (M.P.I.) claim

Member Details			
First Name	Last Name	Membership Number (16-digits) 620 275	
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/AAA before obtaining service? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what phone number did you contact CAA/AAA from?	Total amount paid for service including taxes (\$):
Type of service that was required: Tow <input type="checkbox"/> Boost/Start <input type="checkbox"/> Vehicle Lockout <input type="checkbox"/> Fuel <input type="checkbox"/> Stuck/Extrication <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:		

Tow Destination (complete if service required was tow):	Tow Distance: KM <input type="checkbox"/> MI <input type="checkbox"/>
Police Ordered Tow? 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"/>

If the need for service was because of an accident, was M.P.I. notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the M.P.I. claim filed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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I understand that reimbursement will be considered based on the CAA Manitoba Emergency Road Service Terms & Conditions.

_____ Signature

_____ Date (YY|MM|DD)