



Insurance
Travel
Roadside
Rewards

Classic and Plus Membership Trip Interruption and Vehicle Return Claim Form

This accident must occur more than 200 km from the Member's home and delay the Member's trip more than 24 hours. **Reimbursement is based on the membership level at the time of the accident.**¹

Claims made under this membership benefit must be submitted within 60 days of the accident described herein. Allowance in respect of expenses incurred by a Member who was involved in the accident will apply only to the first three days (72 hours) immediately after the time of the accident. **Only one** claim may be submitted with respect to any one accident. No allowance will be made on behalf of any passenger who was not a Member of CAA Manitoba at the time of the accident (unless a child under the age of 16).

**Please complete this form and return with required police or insurance reports as well as original and itemized receipts to:
CAA Manitoba, PO Box 1400, Winnipeg MB R3C 2Z3 Attention: Trip Interruption Department**

Member name:			
Address:	City:	Province:	Postal code:
Membership number:			Expiry date:
Name of other CAA Members in car at time of accident:			
Time of accident:	____ A.M. ____ P.M.	Date: DD/MM/YYYY	In or near (City/town):
Name of street or highway:		Province or state:	
Number of km from departure point:		Trip destination:	
Make and model of vehicle:		Licence number:	
Owner of vehicle:		Driver at time of accident:	
Police department to which reported:		Address of police department:	
Description of accident:			Cost of repair \$:
Did you have loss of use coverage with Autopac at the time of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please indicate if Autopac has reimbursed you for any portion of expenses submitted in this claim.	<input type="checkbox"/> Yes	If yes, amount reimbursed:	<input type="checkbox"/> No

Only one of the following items may be claimed for reimbursement. Only expenses incurred during the first three days (72 hours) following the time of accident described herein are covered provided the trip was delayed more than 24 hours.

Accommodations and meals: \$ _____ OR Car rental \$ _____

OR

Commercial transportation: Train \$ _____ Bus \$ _____ Airplane \$ _____

In accordance with the conditions of coverage, I could be entitled to reimbursement up to \$300 for Classic Membership (accident only) and up to \$600 for Plus Membership (accident only), for the expenses claimed herein and verified by the attached **original and **itemized** receipts.**¹

I certify that the information contained in this document is true and understand that this claim may become void if any fact or circumstance is concealed or the claim is misrepresented.

Date: _____ Member signature: _____

For administration office use only

Amount of payment: \$ _____

Authorized by: _____

¹See Trip Interruption and Vehicle Return brochure for details and limitations. All CAA Manitoba Memberships are subject to the Membership Terms and Conditions. Visit caamanitoba.com/terms for more information. ©™CAA trademarks are owned by, and use is authorized by, the Canadian Automobile Association. ©2021 CAA Club Group (o/a CAA Manitoba).