



Insurance
Travel
Roadside
Rewards

Premier Membership Trip Interruption and Vehicle Return Claim Form

This incident 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 incident.¹ Claims made under this membership benefit must be submitted within 60 days of the incident herein. Allowance in respect of expenses incurred by a Member who was involved in the incident will apply only to the first three days (72 hours) immediately after the time of the incident. ONLY ONE claim may be made with respect to any one incident. No allowance will be made on behalf of any passenger who was not a Member of CAA Manitoba at the time of the incident (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:
Names of other CAA Members in car at time of incident:			
Information Pertaining to Incident			
Date of incident DD/MM/YYYY:		Time of incident: _____ A.M. _____ P.M.	
In or near what city:		Province or state:	
Number of km from home (minimum 200 km):			
If claiming due to accident, mechanical breakdown or theft, complete this section.		Licence number:	
Make and model of vehicle:			
Owner of vehicle:		Driver:	
If police report is not available, the original and itemized repair bill/receipts and copies of accident or insurance reports are required.		Address of police department:	
Police department investigating accident:			
Insurance company:			
Insurance company contact:		Company phone:	
If claiming due to mechanical breakdown, complete this section. Documentation from mechanic stating the vehicle is inoperable is required.			
Company name:			
If claiming due to illness/injury, complete this section. Documentation from a medical practitioner stating the inability to operate a vehicle is required.			
Name of medical facility or practitioner:			
Incident details			
Describe what happened:			
Describe vehicle damage/condition (applicable to auto accident and mechanical breakdown claims):			
Amount of damage: \$			
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 <input type="checkbox"/> No If yes, amount reimbursed: \$			
Check type of expense to be reimbursed: Accommodations and meals <input type="checkbox"/> or Substitute transportation <input type="checkbox"/>			
Enter total amount claimed for reimbursement (all original and itemized receipts are required for reimbursement consideration).			
Accommodations and meals: \$			
or Substitute transportation: Rental car <input type="checkbox"/> Plane <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> \$			

I understand that reimbursement will be made for only one type of expense, and within specified limitations, based on paid **original and itemized** receipts enclosed. Benefits claimed are for Members of CAA Manitoba who were in the automobile at the time of the incident. 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.

Member signature: _____ Date: _____

For administration office use only

Amount of payment: \$ _____ Authorized by: _____