

# CLAIM FORM



All sections of this form must be completed and forwarded to:

GEM RECLAIM  
Call Assist Ltd  
Axis Court, North Station Road  
Colchester, Essex C01 1UX  
Direct Dial: 01206 785866  
Email: reclaim@motoringassist.com

**For office use only:**

Claim number: ..... Date: .....  
Assessed by: ..... Authorised by: .....  
Amount paid: £ ..... PT: .....

**THE MEMBER IN CHARGE OF THE VEHICLE AT THE TIME OF THE BREAKDOWN MUST COMPLETE THIS FORM.**

## 1. Member Details

GEM membership number:
Name:
Address: _____ _____ _____
Post code:
Telephone number:

## 2. Member's personal bank details for refund\*

\*These details must be the member's bank account

Account in the name of:	_____
Bank or Building Society Account no:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Branch Sort code:	_____ _____ _____
Email address for confirmation of refund:	_____ _____ _____

## 3. Vehicle details

Make & model:	Registration number:	Date first registered:
Who was driving at time of breakdown?	Are you the registered owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, give owners name and address: _____		
If not driving, were you a passenger in the vehicle?		
If hired, was the vehicle hired by you or your partner personally? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ... if Yes, please submit the hire agreement/invoice		

## 4. Breakdown details

Travelling from:	Travelling to:
Purpose of journey: (The words Private/Domestic/Pleasure are NOT sufficient) _____	
Place of breakdown:	Date and time:
Cause of breakdown:	Number of vehicle occupants:

## 5. Details of claim

A) Roadside Repairs (not the cost of parts)	Cost: £		
B) Recovery	Cost: £	Delivered to:	Miles travelled:
C) Alternative Travel	Cost: £	Means of travel (car hire, public transport etc):	
D) Emergency Overnight Accommodation		Number of persons:	Cost (accommodation only): £

**AN ORIGINAL RECEIPTED ACCOUNT GIVING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE ASSISTING GARAGE, AND CLEARLY INDICATING WHAT SERVICE HAS BEEN RENDERED MUST BE SUBMITTED WITH THIS FORM.**

I certify that all the above details are true and correct and I acknowledge that any statement made knowing it to be false or fraudulent may invalidate the insurance.

Date:	Signature:
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We aim to respond within one week of receiving this claim form. If you have not heard from us one week after sending your claim form, please contact us on 01206 785866