

How to make a claim

If you have a Recovery RECLAIM policy and need to make a claim from us, you can send us your claim form by email or by post.

To complete your claim form electronically

Please follow the instructions below, depending on the internet browser you are using:

Internet Explorer – open and complete the form, ‘save & lock’ and then save it on your computer to send via your email program.

Edge –click the ‘save’ icon to save the form as a pdf file on your computer. Open the saved file and complete the form, ‘save & lock’ and then save it on your computer to send via your email program.

Chrome – you can open and complete the form online however it will need to be printed and sent in the post.

Firefox - unfortunately the ‘save & lock’ option is not possible when using Firefox. Please use a different browser or send a hard copy claim form instead.

Along with your completed claim form, please attach the receipted account showing the name, address and telephone number of the assisting garage and a clear indication of what service has been rendered to an email and send to reclaim@motoringassist.com.

To complete your claim form on a hard copy

Open this claim form PDF, print and complete the claim form. Please post the completed form to the address below with an original receipted account giving the name, address and telephone number of the assisting garage and a clear indication of what service has been rendered.

GEM RECLAIM
Call Assist Ltd
Axis Court
North Station Road
Colchester
Essex
C01 1UX

If you have any queries relating to your claim please call us on 01206 785866 – (Monday to Friday 9am – 5pm).

NB if you have a Recovery EXTRA policy you are not covered on a ‘pay and claim’ basis.

CLAIM FORM



This form can be printed, completed and posted to the address below. Alternatively please type your answers in the text fields, save a copy of your completed form and email it to reclaim@motoringassist.com. Please enclose / attach an original receipted account giving the name, address and telephone number of the assisting garage and a clear indication of what service has been rendered.

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

GEM RECLAIM
Call Assist Ltd
Axis Court, North Station Road
Colchester, Essex CO1 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: <small>(The words "Private/Domestic/Pleasure are NOT sufficient)</small>	
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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Once completed, click the "Save & Lock" button above. This will disable all form fields from further editing to protect your data. Once this is done you should then send to us as indicated at the top of the form.

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