

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 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: <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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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