



Emergency Roadside Expense Repayment Application — Roadside Plus

PLEASE COMPLETE THIS FORM (PLEASE PRINT) AND ENCLOSE WITH ORIGINAL RECEIPTS, IN THE ATTACHED ENVELOPE.

LICENCE PLATE NUMBER	DATE OF OCCURRENCE (dd/mm/yy)	TIME OF OCCURRENCE
		<input type="checkbox"/> AM <input type="checkbox"/> PM

LOCATION OF OCCURRENCE	REGISTERED OWNER / LESSEE NAME	PHONE NUMBER
ADDRESS		
		POSTAL CODE

TYPE OF SERVICE RECEIVED	REASON FOR SERVICE	NAME OF COMPANY SERVICE PROVIDED BY	AMOUNT
<input type="checkbox"/> TOWING			\$
<input type="checkbox"/> TAXI (only if vehicle is towed)			\$
<input type="checkbox"/> GAS DELIVERY			\$
<input type="checkbox"/> BATTERY BOOST			\$
<input type="checkbox"/> LOCKED KEYS IN VEHICLE			\$
<input type="checkbox"/> FLAT TIRE			\$
<input type="checkbox"/> EMERGENCY WINCHING			\$
<input type="checkbox"/> OTHER: (please specify)			\$
TOTAL AMOUNT			\$

CLAIMS FOR REPAYMENT MUST BE MADE WITHIN 12 MONTHS OF THE OCCURRENCE. VALID ROADSIDE PLUS COVERAGE MUST BE IN FORCE AT THE TIME OF OCCURRENCE. NO MORE THAN **TWO OCCURRENCES** ARE COVERED IN EACH ROADSIDE PLUS POLICY PERIOD.

PLEASE PRINT
I declare the information and statements contained in this application for repayment of my expenses are true to the best of my knowledge, information and belief.

SIGNATURE OF REGISTERED OWNER / LESSEE
DATE

Thank you for buying Roadside Plus.



INSURANCE CORPORATION OF BRITISH COLUMBIA
405 - 10470 152ND ST
SURREY BC V3R 0Y4

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CL393 (092011)

FROM: