



Motor Club: ☐ Continental Car Club ☐ United Motor Club

Finance Company:

STEP 1 — MEMBER INFORMATION

Member's First Name:				Last Name:			
Home Mailing Address (USPS Deliverable):				City:		State:	
Phone Number:				Email Address:			
Membership #:				Effective Date:		Expiration Date:	
Vehicle Year:	Make:		Model:		VIN:		

SECTION A — AUTO REPAIR REIMBURSEMENT CLAIM

Member is eligible to receive reimbursement, up to the eligible benefit limit, of the payment made to repair a vehicle owned by the member. Applicable coverage percentage and maximum reimbursement amount are governed by the member's membership contract. In order to effectively process the request for reimbursement, the request must be received within 90 days of the date the repair was made. Mechanical repairs only. No body work of any kind will be reimbursed.

Repair Date:	Describe Issue in Need of Repair:
Repair Amount:	

Please provide a completed and signed claim form, along with the following required documentation:

- ☐ 1. A copy of the repair facility invoice, which must include: the vehicle year, make, and model; a description of the issue requiring repair; the date of repair; and the amount charged for the repair.
- ☐ 2. Evidence of repair company payment by the member (e.g. copy of check, charge, or cash receipt).
- ☐ 3. Evidence of automobile ownership (e.g. copy of title or vehicle registration).
- ☐ 4. Copy of member's driver's license.
- ☐ 5. Any other documentation the administrator may reasonably request to process the claim.

The reimbursement amount is excess of any other coverage available including, but not limited to: a manufacturer's warranty, extended warranty, auto insurance, credit card benefit, etc. No benefit is payable for replacement due to loss or damage resulting from any cause other than normal use and operation of the eligible vehicle for which the vehicle was designed per the manufacturer's guidelines; damage to or failure of a product used for commercial purposes; acts of god; fire, lightning, hail, and wind; theft, collision, misuse, or abuse; repairs to upgrade or improve the vehicle; cleaning or other preventative maintenance required to maintain normal operation of the vehicle; and any charges other than parts and labor. Repairs or reimbursement are not covered for routine maintenance such as oil changes, fluid changes, tires, tire rotation, balancing, or alignment.

STEP 2 — AUTHORIZATION & SIGNATURE

THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. NOTICE: Any person who knowingly provides false or misleading information or documentation in connection with this claim may be committing fraud. By signing, I authorize the administrator and its authorized representatives to verify the information and documentation provided in this form.

Claimant's Signature:	Date:

STEP 3 — CLAIM SUBMISSION

Send the completed and signed claim form, along with all required documentation for the applicable claim type, within 90 days of the service or repair date to:

Motor Club Claims Division — Reimbursements 10751
Deerwood Park Blvd., Suite 200, Jacksonville, FL 32256
FMCclaims@fortegra.com | F: 760.969.1125