FORTEGRA

Member Reimbursement Claim Form
Roadside Assistance & Key Replacement

Motor Club: ☐ Continental Car Club ☐ United Motor Club **Finance Company:**

STEP 1 — MEMBER INFORMATION (complete for all claim types)

Member's First Name: Last Name:

Home Mailing Address (USPS Deliverable): City: State: Zip:

Phone Number: Email Address:

Membership/Policy #: Effective Date: Expiration Date:

Vehicle Year: Make: Model: VIN:

SECTION A — ROADSIDE ASSISTANCE CLAIMS ONLY

Service Provided:

☐ Tow — Miles Towed: ☐ Lockout ☐ Flat Tire ☐ Jumpstart ☐ Fluid Delivery ☐ Winch ☐ Other

Pickup Address:
City: St: Zip:

Drop-Off Address:
City: St: Zip:

Called the 24-hr toll-free # on policy to obtain service? ☐ Y ☐ N If No, Explain:

Toll-Free # Called: Present when servicer arrived? ☐ Y ☐ N

Service Provider: Service Date: Time:

Amount Charged: Reimbursement Requested:

Submit Roadside Assistance claims within 90 days of the service date, with a legible receipt made out to the policy holder, proof of payment, and a copy of the complete membership policy to the address in the Claims Submission section below

SECTION B — KEY REPLACEMENT CLAIMS ONLY

Key Issue: ☐ Lost ☐ Inoperable Replacement Date: Replacement Amount:

Submit Key Replacement claims within 90 days of the service date, with a legible receipt made out to the policy holder, proof of payment, and a copy of the complete membership policy to the address in the Claims Submission section below

STEP 3 — AUTHORIZATION & SIGNATURE (Required for all claim types)

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:

CLAIMS 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