

## Roadside Assistance Claim Form

408-23

In the event that you ("Member") wish to file a claim for damages arising from a roadside assistance service request (a "Claim"), please complete the form below as soon as possible following your service request. Please note that the investigation process may take a number of days to complete following receipt of this Form. AAAWCNY does not warrant or represent that you will receive your requested demand or reimbursement. AAAWCNY may not reimburse for incomplete invoices or for repairs made by a non-New York State accredited repair facility (for damages incurred in WCNY territory). If repairs are undertaken before providing AAAWCNY with notice of the alleged damage, reimbursement may be limited depending on the circumstances. In addition, if AAAWCNY concludes that the alleged damage is inconsistent with the service provided or the investigation results, reimbursement may not be offered. In the event that an independent contractor is involved with the Claim, please note that the Claim will be referred to the independent contractor who will contact you upon their receipt of the Claim. AAAWCNY is not liable for a Claim arising from any act or omission of an independent contractor(s).

AAAWCNY is not a law enforcement agency. AAAWCNY associates cannot conduct criminal investigations on behalf of, or at the request of, our members. To report an alleged loss of your personal items, please contact your local authorities and your insurance company. AAAWCNY may assist, when requested, upon receipt of legal process.

Membership Level:  AAA Basic  AAA Plus  AAA Premier

Membership Number: **620 084** \_\_\_\_\_

Member's Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address (For Correspondence): \_\_\_\_\_

Date of service request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of service request: \_\_\_\_\_

Vehicle Serviced: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Who was with the vehicle during the service request?

Member  Stand-in (please name) \_\_\_\_\_  No member or representative

If towed, who was with the vehicle when it reached the tow destination?

Member  Stand-in (please name) \_\_\_\_\_  No member or representative  N/A

Claim details (please provide as much detail as possible):: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please note, this Claim form does not serve as the filing of an insurance claim.*

Have you filed a police report related to this Claim:  Yes  No

When did you first become aware of the Claim: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the Member discussed the Claim with the technician or independent contractor:  Yes  No

Do you have any photographs of the Claim (if yes, please provide):  Yes  No

If the Claim is related to vehicle damage:

Has the vehicle been repaired?  Yes  No » Do you have an estimate for damages or an invoice?  Yes  No

Is there any other supporting documentation that can be provided to support or investigate the Claim:  Yes  No

Received on \_\_\_\_\_ By \_\_\_\_\_

Transferred to Contractor/Fleet \_\_\_\_\_ By \_\_\_\_\_

**Please return this form to the AAA Member Relations Department [100 International Drive, Buffalo, NY 14221] or [memberrelations@nyaaa.com](mailto:memberrelations@nyaaa.com)**