

Combined Towing/ Lockout/ Emergency Travel Claim Form

Contract No: _____ Effective Date: _____

Member Name: _____

Address (Include City, State & Zip): _____

Daytime Phone No (____) _____ Other Phone No (____) _____

Agency Information: _____

Type of Claim

(Be sure to include required documentation-see claim instructions)

_____ Towing _____ Lock Out _____ Roadside Assistance _____ Emergency Travel

Date of Loss: _____ Cause of Disablement: _____

*If loss is accident related, please provide the “**at fault**” Insurance Company Information.

Name: _____ Phone number: _____

Claim number: _____ Adjuster's name: _____

Vehicle: Year _____ Make _____ Model _____ Miles _____ Vin # _____

Towed To _____ Towed From _____

I hereby certify that the information on this form is true and accurate. I further agree that any payment under this contract, whether in account or otherwise, will be a complete discharge to underwriters.

NOTE: ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.

THIS FORM MUST BE SIGNED BY THE MEMBER

Signature of Member

Date

Return To:
National Adjustment Bureau
Claims Department
800 Yamato Road, Suite 100
Boca Raton, FL 33431
888-684-9327 Fax: 561-226-3613