



The Towing & Rental Group, Inc.

CLAIM FORM

We will always require the original customer copy of the receipt. Please return completed form, a copy of your towing and rental contract and other requested documentation to:

The Towing & Rental Group, Inc.
PO Box 14007
North Palm Beach, FL 33408
1-800-742-2722

Contract # _____
Agency _____

Name _____
Address _____
City, State, Zip _____
Phone: _____ Fax: _____
Bus. Phone or Mobile: _____ Email Address: _____
Vehicle Information: Year _____ Make _____ Model _____

? **Towing:** Date of Tow ____/____/____
? **Emergency Road Service:** (Key Lockout, Battery Jump, Flat Tire, etc.) Date of Service ____/____/____
? **Emergency Transportation (Rental):** Date of Accident ____/____/____
Vehicle towed from _____ to _____
Reason for tow:
? **Mechanical Breakdown** _____
(please briefly describe what was wrong with your vehicle)
? **Accident** _____

(Please give a brief description of the accident)
Who received a traffic citation at the time of the accident? _____
? **Theft** Date vehicle stolen ____/____/____ Date vehicle recovered ____/____/____

For Towing & Rental Group Use:
1st Report of Loss ____/____/____
Broker # _____
Broker: _____
Plan: _____ Eff. Date: ____/____/____ Term: O / S
Amount Paid \$ _____
Date Paid ____/____/____

Rental claims: Please forward this completed form, the **original rental receipt** showing the in/out dates of the rental vehicle, a copy of the **police report**, a copy of your contract and a copy of the **repair invoice** or **adjustor's report**.
Towing and or **Emergency Road Service claims:** Please forward this completed form, a copy of your contract and the **original customer copy** of the receipt.
I certify that the facts stated herein are true and correct:

Signature of Contract Holder Date