



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 31718
Palm Beach Gardens, FL 33420
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