mazda

ROADSIDE ASSISTANCE PROGRAM

CUSTOMER CLAIM FORM

1 Owner Information

First Name | Last Name

Street | Apt. No. | City

Prov. | Postal Code | Residence Phone | Business Phone

2 Information Concerning Your Vehicle

Vehicle Identification Number

3 Make Cheque Payable To: (if different than owner)

Name

Street

City

Prov. | Postal Code | Residence Phone

4 Complete when claiming for Lockout, Roadside Service Reimbursement (Maximum $100) Tow Service Reimbursement (Maximum $200)

ROADSIDE SERVICE ESTABLISHMENT

Name

Street

City

Prov. | Postal Code | Business Phone

Amount Paid:

$_____ **Road Service**

$_____ **Towing**

PLEASE INCLUDE paid receipts validated by the roadside service establishment and which clearly detail the nature of the service provided.

5 Emergency Travel Expense Reimbursement (Maximum $300)

You must include the following documents:

- Paid receipts for reasonable covered expenses incurred within 3 days of disablement.
- For disablement due to collision, a copy of the Accident Report which was filed with the appropriate police authority.
- For disablement due to failure of components covered by your warranty coverage, a copy of the repair or work order.

Details of Your Vehicle Disablement

Location: _____

Date: _____

Cause: ☐ Accident

☐ Other (please specify)

_____

Details of Reimbursement Request

Meals: $_____

Accommodation: _____

Rental: _____

Transportation: _____

Other: _____

6 'I have completed this form and certify that the information provided is complete and accurate.'

_____ Signature of Owner

_____ Date

7 Sign and mail this complete form with receipts to:

Mazda Roadside Assistance Program, P.O. Box 190
Richmond Hill, Ontario L4B 4R5