



**CLAIM FORM
NATION SAFE DRIVERS
1108 E. Newport Center Drive · Deerfield Beach · Florida · 33442
1-800-338-2680**

NOTE: CLAIMS MAY BE DENIED IF NOT SUBMITTED WITHIN 60 DAYS FROM DATE OF LOSS.

POLICY NUMBER: _____ EFFECTIVE DATE: _____
CUSTOMER NAME: _____ TELEPHONE NO. _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
WARRANTY COMPANY: _____

TYPE OF CLAIM: (Circle One) TOW TIRE CHANGE JUMPSTART FLUID DELIVERY LOCK OUT OTHER

If OTHER please describe. _____

DATE OF SERVICE _____ VEHICLE MAKE _____ MODEL _____ YEAR _____

CAUSE OF DISABLEMENT: _____

TOWED TO: _____

TOWED FROM: _____

IN ORDER TO PROCESS YOUR CLAIM PROPERLY, PLEASE PROVIDE ALL THE REQUESTED DOCUMENTS

ROADSIDE ASSISTANCE CLAIMS

ALL ITEMS MUST ACCOMPANY YOUR REIMBURSEMENT REQUEST

- SIGNED CLAIM FORM
- ORIGINAL PAID ROADSIDE ASSISTANCE BILL (Name of company **MUST** be shown on bill)
- COPY OF SERVICE CONTRACT or EXTENDED WARRANTY

I hereby certify that the enclosed information is complete and accurate. I further agree that such payment, whether in account or otherwise, will be a complete discharge to underwriters.

X _____
Signature of Customer (Required) Date

RETURN TO:

**NATION SAFE DRIVERS
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