

CLAIM FORM
NATION SAFE DRIVERS
800 YAMATO ROAD STE 100 • Boca Raton, FL 33431
800-338-2680

NOTE: CLAIMS WILL BE DENIED IF NOT SUBMITTED WITHIN 60 DAYS FORM THE DATE OF LOSS

MEMBERSHIP NUMBER: _____ EFFECTIVE DATE: _____

MEMBER'S NAME: _____ TELEPHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AGENCY NAME: _____ CITY: _____ STATE: _____ ZIP: _____

IN ORDER TO PROCESS YOUR CLAIM, THE FOLLOWING INFORMATION MUST BE PROVIDED:

TYPE OF CLAIM TOWING OTHER

DATE OF LOSS: _____ YEAR/MAKE/MODEL OF VEHICLE: _____

CAUSE OF DISABLEMENT: _____

TOWED TO: _____

TOWED FROM: _____

IN ORDER TO PROCESS YOUR CLAIM, ALL PAPERWORK IS REQUIRED ON ALL CLAIMS.

TOWING CLAIMS

- (X) CLAIM FORM
- (X) ORIGINAL PAID TOWING BILL
- (X) COPY OF VEHICLE INSURANCE
 COMPANY DECLARATION PAGE
- (X) COPY OF TOWING CONTRACT

Name and Address of Service or Towing
Station MUST be shown on bill.

I hereby certify that to the best of my knowledge, 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 MEMBER

DATE

RETURN TO:

NATION SAFE DRIVER
800 YAMATO ROAD STE 100
BOCA RATON, FL 33431