REIMBURSEMENT FORM





To help us process your reimbursement request as efficiently as possible please complete all sections below making special reference to 'Your Checklist' to ensure all required documentation is submitted. Failure to do so will result in a delay in processing your request.

SECTIO	N 1 - MEMBERSHIP & RE	PAIR DETAILS		
Your parts and	l labour membership number :			
Amount requested for reimbursement (£) :				
Brief description of repairs undertaken :				
SECTION 2 -PERSONAL DETAILS				
Full Name	:			
Address	:			
County	:	Postcode :		
E-Mail	:	Telephone :		
SECTIO	N 3 -BANK INFORMATIO	N		
Bank account provider	:	Account number :		
Bank account holders name	:	Sort code :		

REIMBURSEMENT FORM

— PARTS AND LABOUR



SECTION 4 - YOUR CHECKLIST

Along with this completed form, please supply photographic copies of the following documentation:

- Fully paid repair/garage invoice
- Proof of most recent vehicle service

PLEASE ENSURE ALL DOCUMENTS ARE PROVIDED

SECTION 5 - DECLARATION

I hereby declare that the above particulars are true and correct and I furthermore accept that if any reimbursement request is made knowing the same to be false or fraudulent it shall become void and forfeited.

Signature	:	
Print Name	:	
Date		

SECTION 6 - NEXT STEPS

Once you have completed this form, please return it along with the required documentation above, to:

Parts and Labour Emergency Assist Limited Exchange Square Wisbech Cambridgeshire PE13 1RA

Once received we shall process your request and be in touch shortly.