

REIMBURSEMENT FORM

— WARRANTY



EMERGENCY
ASSIST LTD

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.

SECTION 1 - MEMBERSHIP & REPAIR DETAILS

Your warranty membership number

:

Amount requested for reimbursement (£)

:

Brief description of repairs undertaken

:

SECTION 2 - PERSONAL DETAILS

Full Name

:

Address

:

County

:

Postcode

:

E-Mail

:

Telephone

:

SECTION 3 - BANK INFORMATION

Bank account
provider

:

Account number

:

Bank account
holders name

:

Sort code

:

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SECTION 4 - YOUR CHECKLIST

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

- Receipts and full invoice of works for reimbursement or the full quote from the repairing garage
- Proof of the Vehicle's servicing within the last 12 months, along with the other documentation

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 by email to warrantyclaims@emergencyassistltd.co.uk or you may post us the information to the below address.

Warranty
Emergency Assist Limited
Exchange Square
Wisbech
Cambridgeshire
PE13 1RA

The assessment of your claim shall be made within 21 days of receipt.

THANK YOU FOR YOUR INFORMATION