



PROCESS

Please fill out this form and mail or email it to us, together with any receipts or invoices related to your request.

After receiving and reviewing your reimbursement request and supporting documents, we will be able to determine whether you will be reimbursed. The reimbursement amount will be based on the commercial rates in effect in the region of the service call and your contract's Q.E.F. 33 coverage limits, namely:

- Maximum reimbursement of \$100 per incident resulting in the roadside assistance charge
- Maximum reimbursement of \$160 when the incident takes place on a Quebec-exclusive highway

By email: assistance-routiere@industrielleallianceauto.c	:om 🖂 By ma	il: iA Auto and Home PO 70800 STN QUE QUEBEC CITY, QC	
About you		,	
Policy number:			
First name:	Last name:		
Address:	Apt.:		
City:	Postal code:		
Cell:	Home phone:		
Email:			
Vehicle and service			
Year: Make:		_ Model:	
Service date:	Time:		AM PM
Incident location:			
Service received: Battery boost Flat tire replacem	ent	Lock-out service	Fuel delivery
Extricating/winching Minor mechanical	adjustments	Other:	
Towing, specify distance: km Reason for towing:			
Total minutes the service agent spent onsite:			
Was the vehicle towed to the nearest garage? \Box Yes \Box No			
If no, why not?:			
In what city was the vehicle towed?			
Was the incident caused by an accident, theft or car fire? $\hfill \Box$ Yes	□ No		
Signature:		Date:	
For internal usage			
Amount (before taxes):T	ax:		
Status: Accepted Denied			
Reason:			
Comment:			

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