



**AUTO TRIP INTERRUPTION CLAIM FORM**

Member's Name \_\_\_\_\_ Membership # (B/PL/PM) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Member's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Give the names of other AAA Members in the car \_\_\_\_\_

Give the names of NON-AAA Members in the car \_\_\_\_\_

\* List all reimbursable EMERGENCY expenses resulting from the accident below: *Each expense must include original receipt*

**COMMERCIAL TRANSPORTATION EXPENSES** (Purchased and used within 72 hours of the vicinity of the accident)

Name of Commercial Carrier \_\_\_\_\_ Cost Incurred \_\_\_\_\_  
Name of Car Rental Agency \_\_\_\_\_ Cost Incurred \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**LODGING EXPENSES** (Purchased within 72 hours following the accident in the vicinity of the accident)

Name of Establishment \_\_\_\_\_ Address \_\_\_\_\_  
Dates of Stay \_\_\_\_\_ Number of Persons \_\_\_\_\_ Costs \_\_\_\_\_  
Name of Establishment \_\_\_\_\_ Address \_\_\_\_\_  
Dates of Stay \_\_\_\_\_ Number of Persons \_\_\_\_\_ Costs \_\_\_\_\_

**MEAL EXPENSES** (Purchased within 72 hours following the accident in the vicinity of the accident)

Establishment \_\_\_\_\_ Date \_\_\_\_\_ Costs \_\_\_\_\_  
Establishment \_\_\_\_\_ Date \_\_\_\_\_ Costs \_\_\_\_\_  
Establishment \_\_\_\_\_ Date \_\_\_\_\_ Costs \_\_\_\_\_  
Establishment \_\_\_\_\_ Date \_\_\_\_\_ Costs \_\_\_\_\_  
Establishment \_\_\_\_\_ Date \_\_\_\_\_ Costs \_\_\_\_\_

**LODGING/MEAL TOTAL**

.....  
Date of the accident \_\_\_\_\_ Exact Time of the accident \_\_\_\_\_ AM  PM   
Where did the accident occur? \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING SCENARIO:

The accident occurred while I was traveling from \_\_\_\_\_ to \_\_\_\_\_.  
My final destination was \_\_\_\_\_. I was \_\_\_\_\_ miles away  
from home when the accident occurred. I was on my way home when the accident occurred: Yes  No .

.....  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Was the vehicle repairable? Yes  No  Was the vehicle a total loss? Yes  No . If repairable, list the name of the establishment performing the repairs \_\_\_\_\_

Was the vehicle driven home from the accident? Yes  No . Date: \_\_\_\_\_

Did you travel on to your destination? Yes  No . Police Dept to whom accident was reported \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Date of the report \_\_\_\_\_

Add any additional remarks that will further explain your claim (or attach a separate sheet): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that reimbursement will be paid within the specified limitation and will be based upon the paid itemized receipts submitted with this claim, and will not exceed a total of \$600 (\$1,000 for PLUS members; \$1,500 for PREMIER members) per accident. Benefits are claimed only for AAA Hoosier Motor Club members who were driving or riding in my automobile at the time of the accident. I further understand that each AAA member in an accident must submit his/her own claim for reimbursement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTO TRIP INTERRUPTION BENEFITS

When your automobile is damaged or disabled as a result of a traffic accident or collision (**NOT MECHANICAL FAILURE**) while 50 miles or more from home – and must be reported to the police department in the area – AAA Hoosier Motor Club **will reimburse the member** up to \$600 (\$1,000 for PLUS Members) per accident for unexpected **EMERGENCY** expenses resulting from the accident. Individual expenses for non-AAA members within the family are not reimbursable. \* PREMIER members are eligible for incidents involving mechanical failure with reimbursement up to \$1500.

This benefit applies to accidents occurring anywhere in the United States, Canada or Mexico for a period of not more than 72 hours from the time of the accident. This applies to the AAA Hoosier Motor Club Member driving or riding in the automobile involved in the accident. This benefit is intended to cover emergency expenses incurred while **ENROUTE** to your destination or **ENROUTE** to your home; not during an 'arrived stay' where an accident has occurred.

**It is not intended for touring purposes. It does not cover meals, lodging or car rental at your destination.  
It does not cover accidents which occur at the destination.**

While your car is being repaired in the vicinity of the accident, AAA AUTO TRIP INTERRUPTION benefits cover reimbursement for the following:

1. **LOCAL MEALS AND LODGING**

Meals and lodging must be purchased in the general vicinity of the service station, garage or body shop where the automobile is being repaired. (This benefit does not provide reimbursement for actual repairs to the vehicle.)

**OR**

2. **TRANSPORTATION – COMMERCIAL CAR RENTAL**

When an automobile is rented from a licensed car rental agency to provide for the **Member's transportation to his/her destination or return home**, (reimbursement will not be provided for car rental used for touring purposes at the site of the accident.)

**OR**

3. **TRANSPORTATION – COMMERCIAL COMMON CARRIER**

A ticket may be purchased and used within 72 hours following an accident for use on a plane, train, or bus to provide the Member's transportation on to the destination or return home.

### HOW TO FILE A CLAIM FOR AUTO TRIP INTERRUPTION BENEFITS:

Claims must be submitted **within 90 days** following the accident. In order to file a claim for AUTO TRIP INTERRUPTION reimbursements, you must complete the form on the reverse of this page and submit the following documentation:

1. A Police Report and/or Insurance Company report of accident form; (AAA Hoosier Motor Club **WILL NOT** obtain the police or insurance company report; **all reports must be provided to AAA Hoosier Motor Club by the member.**) \* Required for Premier members only if a collision.
2. If the vehicle was totaled in the accident, a statement from the insurance company indicating that they consider the vehicle to be a total loss as a result of the accident.\* Required for Premier members only if a collision.
3. Itemized and receipted bills for the meals and lodging, car rental and/or commercial transportation.  
**Note:** Reimbursement will only be made in accordance with items #1 - #3 as listed above.
4. Attach a separate sheet for any additional information (narrative statement) which you would like to provide pertinent to your claim that would expedite the processing of your claim.
5. Send form and documents to:  
**Auto Travel Special Coverages – Auto Trip Interruption  
PO Box 88505  
Indianapolis, IN 46208-0505**

**No claims will be considered without receipts for each expense claimed.**

Approved claims will be paid directly to the member.