

Breakdown Reimbursement Claim Form

If you've paid any costs that are covered under your UK or European breakdown policy or that were agreed by the RAC, please complete this claim form within 90 days of your UK breakdown, or the date you returned to the UK. You can email this form, complete with copies of your receipts to: breakdowncustomercare@rac.co.uk. Please ensure any attachment file sizes are less than 10MB.

Or write to us at: Breakdown Customer Care, RAC Motoring Services, Great Park Road, Bradley Stoke, Bristol BS32 4QN

We'll process your claim as quickly as possible but this may take up to 60 days during busy periods such as Easter or summer.

Personal Details

	itle:	Initial: Surno	ame:			
ddress:						
			Post (Code:		
referred telephone numbers; home:			and/or mobile:			
mail address:						
lembership or po	olicy number (if applic	cable):				
you don't have	a membership or poli	cy number, then how did you get	your RAC cover:			
/ehicle make and model:			Registration number:			
	••					
Claim Deta						
ate of breakdow	/n:		Country (for Eur	opean claims only):		
f this was agreed	l by an RAC colleague	e, please provide their name:				
Receipt Date	Details of the cl	aim and why you're claiming	GBP claim amount (£)	European claim amount in local currency	Receipt attached	RAC use only
For Europe	ean Claims on	ıly				
	ean Claims on		Theft	Driver illness		
ype of incident			Theft	Driver illness		

__ Policy number:_____



For European Claims only

Any costs incurred by you in a currency other than GBP that we're going to reimburse will be converted to GBP either:

- i. at the exchange rate used by your debit or credit provider.
- ii. at the exchange rate used by us when we receive your claim form, if you paid in cash.

Additional documentation required for European claims:

Please include evidence of your outward and return travel ferry and/or Eurotunnel bookings.

If your claim is as a result of a break-in or theft, you must also enclose a police report obtained within 24 hours of the incident.

If you're claiming under Replacement driver, you must also enclose written confirmation from the treating hospital or medical expert that you were unable to drive.

If you're claiming under Missed connection you must also provide evidence of your original pre-booked connection.

For all claims, make sure you have enclosed the	tollowing:			
Receipts (or copies of receipts)				
If applicable:				
For theft or break in – police report	theft or break in – police report			
For replacement driver – written confirmation from doctor or hospital				
Missed connection – proof of original pre-booked connection and proof of fix date				
For European claims, evidence of your outward and return travel ferry and/or Eurotunnel bookings				
If your claim is successful, please tick below your preferred payment metl Cheque Bank transfer If Bank transfer, please supply the following information: Account holder's name:				
Account number: Sort or				
Declaration: I declare the above information is true and complete to the best of my knowledge. I understand that my details will be used by RAC Motoring Services and/or RAC Insurance Ltd in order to process and validate my claim and agree RAC Motoring Service and/or RAC Insurance Ltd may need to share my details with third parties in order to do so. I have enclosed documents as required in support of my claim. Failure to provide all the relevant information with this claim form may delay the processing of your claim.				
Signature: D	Oate:			