



Membership Claim Form

Travel Assistance

Executive Offices
PO Box 54799
Oklahoma City, OK 73154
800/654-9208
405/848-1711

Member Name _____

Address, City, State, Zip _____

Member # _____ Phone _() _____ Date of claimed Expense _____

Email Address _____

CLAIMS SUBMISSION Information

Claims must be sent to the club within one year of the date on which a membership service has been rendered to the member by a service provider. It must include a properly completed claim form detailing the nature of the service, and must be accompanied by the **original** itemized receipt for the service performed by an identifiable service facility.

Travel Assistance

Date of Accident _____

Accident Location _____

Rental Car to Destination

Commercial Transportation

Local Lodging and Meals

Enclose all original, paid, itemized receipts and an accident report or insurance company report.



DID YOU Enclose all original, paid, itemized receipts and an accident report or insurance company report.

I hereby certify that the information provided is, to the best of my knowledge, both complete and accurate.

I agree that Travelers Motor Club, Inc. may make use of materials and related items as to its handling of my claim for promotional purposes. YES NO

Signature _____ Date _____