

## European Breakdown Claim Form

If you have paid any costs that are covered under your policy or that have been agreed by our Call Centre, please complete this claim form within 90 days of your planned return date, email this form, complete with copies of your receipts to: [europaclaims@rac.co.uk](mailto:europaclaims@rac.co.uk)

For all receipts submitted please translate/note on each receipt exactly what the claim is for and if possible, write/translate the receipt into English.

Or write to us: **Customer Care, RAC Motoring Services, RAC House, Brockhurst Crescent, Walsall WS5 4AW**

### For Legal Expense claims

Email: [legalnetwork@rac.co.uk](mailto:legalnetwork@rac.co.uk)

Or write to us: **RAC Legal Services, Great Park Road, Bradley Stoke, Bristol BS32 4QN**

If you have any questions or would like to speak to someone regarding the claims process please call us on 0330 1590 334 or 0333 2022 981 for legal claims. Please allow 60 days for validating and processing of your claim. If you pay by credit card, RAC will not be responsible for any interest charges that you incur.

We may need to speak to you about your claim so please provide all relevant contact numbers below.

## Personal and Policy Details

Policy Holder: Title \_\_\_\_\_ Initial \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Preferred Telephone Numbers. Home \_\_\_\_\_ and/or Mobile \_\_\_\_\_

Email address \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of departure \_\_\_\_\_ Planned return date \_\_\_\_\_ Number of persons in party \_\_\_\_\_

Vehicle make and model \_\_\_\_\_ Registration Number \_\_\_\_\_

## Claim Details

Date of incident \_\_\_\_\_ Country \_\_\_\_\_

Type of incident  Breakdown  Accident  Theft  Driver Illness

If accident or theft please provide details of your motor insurer:

Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Receipt Date	Details of item for which you are claiming and the reason for the claim	Amount In local currency	Amount in sterling (if known)	Receipt attached	RAC use only
			£		
			£		
			£		
			£		
			£		
			£		

### Additional documentation required

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 are unable to drive.

If you're claiming under **Missed connection** you must also provide evidence of your original pre-booked connection. If you have missed a connection due to your car being fixed in a garage please also provide proof of the date the car was fixed.

If your claim is successful, please tick below your preferred payment method:

Cheque  Bank Transfer

If Bank Transfer, please supply the following information:

Account holders name: \_\_\_\_\_

Account number: \_\_\_\_\_ Sort code: \_\_\_\_\_

### Make sure you've enclosed the following:

Claim form

Receipts (or copies of receipts)

#### If applicable:

For 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

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 \_\_\_\_\_ Date \_\_\_\_\_