

NATIONAL ROADSERVICE AUSTRALIA REIMBURSEMENT FORM



CUSTOMER DETAILS

DATE: _____ MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

STATE: _____ POSTCODE: _____

PHONE: _____ EMAIL ADDRESS: _____

MAKE: _____ MODEL: _____ REGO: _____

REIMBURSEMENT DETAILS

INCIDENT DATE: _____ (Provided by National Roadservice Australia
INCIDENT REFERENCE No: _____ at the time of the incident)

BENEFIT BEING REIMBURSED: Accommodation Vehicle Hire Locksmith
(Please refer to the terms, conditions and benefits of your specific membership to ascertain if you are eligible for reimbursement of the above)

TOTAL OF INVOICE: \$ _____ (Please attach service providers invoice to this form)

Please refer to your Membership Terms and Conditions for full benefit inclusions and limits.

PAYMENT DETAILS

BSB: _____

Bank Account Number: _____

Account Holder Name: _____

NOTE: National Roadservice Australia must be contacted at the time the incident occurs and prior to services being sourced. National Roadservice Australia will then provide you with an Incident Reference No which must be included on this form for reimbursement to be approved.

Please forward this form, proof of payment and service provider invoice to:

enquiries@nationalroadserviceaustralia.com.au
PO Box 159, Traralgon VIC 3844
Fax: 03 5177 4050