



# Roadside Reimbursement Submission

PLEASE EMAIL THIS FORM TO [ROADSIDEPAY@TRAVELERS.COM](mailto:ROADSIDEPAY@TRAVELERS.COM) AND ATTACH A COPY OF THE INVOICE.  
SUBMIT AS MUCH INFORMATION AS POSSIBLE ON THIS FORM.

You can expect payment or contact within 7-10 business days.

Travelers Policyholder Details	
YOUR NAME, PHONE NUMBER & EMAIL ADDRESS	YOUR ROLE
TRAVELERS POLICYHOLDER NAME	
TRAVELERS POLICYHOLDER ADDRESS	
PRIMARY CONTACT INFORMATION: NAME, PHONE NUMBER, AND EMAIL ADDRESS	
DATE OF SERVICE (Use an approximate date if unsure)	
WHAT ADDRESS WERE YOU AT WHEN YOU RECEIVED ROADSIDE ASSISTANCE? (IF UNKNOWN, PLEASE USE HOME ADDRESS)	
POLICY NUMBER (Can be found on your Automobile Insurance ID card and is 13 digits)	
INSURED VEHICLE	
VEHICLE YEAR, MAKE, AND MODEL	
WERE SERVICES RENDERED DUE TO AN ACCIDENT? IF YES AND IF THE VEHICLE WAS DAMAGED, DESCRIBE THE DAMAGE.	

## ROADSIDE DETAILS

DID A TRAVELERS VENDOR PROVIDE ROADSIDE ASSISTANCE FOR THE INCIDENT?

Yes

No

WAS YOUR VEHICLE TOWED?

SELECT ALL THAT APPLY

My vehicle was winched or hoisted from off the road

I had a flat tire changed/repaired

My vehicle was jump started for a dead battery

I was locked out of my vehicle

My vehicle ran out of fuel

I had water/fluids or supplies such as gas, oil, wiper fluid, etc. delivered

Service Provider Name

Service Provider Phone

Roadside Bill Amount



[travelers.com](https://www.travelers.com)

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

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