



OLD REPUBLIC INSURED AUTOMOTIVE SERVICES, INC.

VEHICLE SERVICE AGREEMENT EMERGENCY REPAIR CLAIM FORM

CONTRACT #		
CUSTOMER NAME		
CURRENT ADDRESS		
CITY/STATE/ZIP		
VEHICLE IDENTIFICATION NUMBER		
VEHICLE YEAR	MAKE	MODEL

ALL REQUESTS FOR REIMBURSEMENT OF EMERGENCY REPAIRS MUST INCLUDE A PAID RECEIPT SHOWING THE DATE, MILEAGE AND TYPES OF SERVICES PERFORMED.

YOU MUST ALSO WRITE A SHORT NOTE EXPLAINING THE REASON FOR THE EMERGENCY REPAIR.

NOTES

REFER TO YOUR SERVICE AGREEMENT FOR FULL TERMS AND CONDITIONS.

Mail completed information to

Old Republic Insured Automotive Services, Inc. (ORIAS)
ATTN: CLAIMS
PO BOX 35008
TULSA, OK 74153-0008
or FAX to 918-250-4882



OLD REPUBLIC INSURANCE GROUP