

ALLSTATE AUTO POLICY TOWING REIMBURSEMENT FORM

THIS FORM MUST BE SENT WITH RECEIPTS
COMPLETE ALL FIELDS FOR QUICK PROCESSING

1. Insured Information

Insured's Name:
Insured's Policy Number:
Insured's Preferred Telephone Number:
Date of Loss/Tow or Service:
Vehicle YEAR/MAKE/MODEL:
Was the vehicle borrowed or rented? ☐ Yes ☐ No

2. Agent Information

Agent's Name:
Agent's Phone Number:

3. Type of Service and Amount Paid

Type of Service:
☐ Towing ☐ Jump Start ☐ Tire Change ☐ Lockout ☐ Fuel Delivery
Amount Paid: \$

4. Photocopy receipt(s) on WHITE paper and validate that the copy is legible. Please do not use a color highlighter on any part of the receipt since highlighting appears black when the item is faxed. This will cause processing delays.

5. Submit the photocopied receipt(s) WITH THIS FORM:

By Fax	By Mail
866-447-4293	Allstate Insurance Company PO Box 660636 Dallas, TX 75266

A check will be mailed within 48 to 72 hours directly to the address on the policy. To follow up on the status of the towing claim, please contact us at 1-800-255-7828.

Confidentially Notice: This facsimile may contain confidential and privileged information for the sole and exclusive use of the intended recipient(s). Any review, use, distribution or disclosure by others is strictly prohibited. If you are not the intended recipient (or authorized to receive information for the recipient), please contact the sender and delete all copies of this message.

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