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.