

Breakdown Reimbursement Claim Form



If you have paid any costs that are covered under your policy or that were agreed by RAC, please complete this claim form within 90 days of your breakdown, **email this form, complete with copies of your receipts to:**

HSBC@rac.co.uk

Or write to us:

HSBC Assistance, RAC Motoring Services, Great Park Road, Bradley Stoke, Bristol BS32 4QN

Customer Details	
Customer Title:	
Initial:	
Surname:	
Address:	
Postcode:	
Telephone Number:	
Mobile Phone Number:	
Email Address:	
Policy Number:	
Vehicle Make and Model:	
Vehicle Registration Number:	

HSBC UK Bank plc

Registered in England and Wales number 9928412. Registered Office: 1 Centenary Square, Birmingham, B1 1HQ.

Motor Breakdown Insurance cover provided by RAC Motoring Services (Registered No 01424399) and/or RAC Insurance Ltd (Registered No 2355834). Registered in England; Registered Offices: RAC House, Brockhurst Crescent, Walsall WS5 4AW. RAC Motoring Services authorised and regulated by the Financial Conduct Authority in respect of insurance mediation activities. RAC Insurance Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. HSBCCF062018

Claim Details



Details of Breakdown

Date of Breakdown (DD/MM/YYYY):

If this was agreed by an RAC colleague, please provide their full name:

Receipt Information

Receipt Date	Details of the claim and why you		Amount	Receipt Attached	Preferred Payment Method	RAC use only

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Make sure you have enclosed the following:

1. Claim Form
2. Receipts or Copies of Receipts



Declaration:

I declare the above information is true and complete to the best of my knowledge. I understand that my details will be used by RAC Motoring Services and/or RAC Insurance Ltd in order to process and validate my claim and agree RAC Motoring Service and/or RAC Insurance Ltd may need to share my details with third parties in order to do so. I have enclosed documents as required in support of my claim. Failure to provide all the relevant information with this claim form may delay the processing of your claim.

Signed: _____ Print Name: _____ Date: _____