



# 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

