

**OLD REPUBLIC
SERVICE AGREEMENT
EMERGENCY REPAIR CLAIM FORM**

CONTRACT # _____
CUSTOMER NAME _____
CURRENT ADDRESS _____
CITY/STATE/ZIP _____
VEHICLE VIN# _____
VEHICLE YEAR _____ MAKE _____ MODEL _____

**ALL REQUEST 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 AS TO THE REASON FOR
THE EMERGENCY REPAIR.**

NOTES _____

**REFER TO YOUR SERVICE AGREEMENT FOR
FULL TERMS AND CONDITIONS**

MAIL COMPLETED INFORMATION TO
ORIAS INC
ATTN: CLAIMS
PO BOX 35008
TULSA, OK 74153-0008
OR FAX TO 918-250-4882