

NIU of Florida, Inc.
RV On Site Repair and Trip Interruption Reimbursement Claim Form

Claim Number: _____

Today's Date: _____ Date of Service: _____ Contract #: _____

Vehicle Owner: _____

Owner's Mailing Address: _____ State: _____ Zip: _____

Owner's Home Phone #: (_____) _____ Alternate Phone #: (_____) _____

Vehicle Year, Make, Model and Van #: _____

Location of Service (include street, city and state): _____

Reason for Service: _____

Describe Parts Repaired: _____

Were repaired parts covered under RV Shield Service Agreement? _____ Authorization#: _____

Name of technician: _____ Phone number of technician: (_____) _____

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

I hereby swear and/or affirm that the information provided herein is true and correct.

***** This form must be signed by the member *****

Signature: _____ Date: _____

Please attach the following documents:

For On-Site Repair Reimbursement:

1. Legible copy of the warranty repair receipt. (*Receipt must be itemized and include the repair facility name, address & phone number, date of service, location of disablement where repairs performed, the cause of disablement and proof of your on site repair payment.)

For Trip Interruption:

1. Legible copy of the warranty repair receipt. (*Receipt must be itemized and include the repair facility name, address & phone number and date repairs began and date repairs completed.)

2. Original paid receipts for meals, lodging, and alternate transportation.