



## Reimbursement Authorization Form

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Thank you for redeeming your Jeffrey & Tamaroff Automotive Family Collision Deductible Reimbursement Plan. We're sorry to hear about your damaged vehicle and hope no one was injured. Please contact or visit the Jeffrey Collision Center at 586-464-2307 or the Tamaroff Collision Center at 248-956-6686 to schedule an appointment to have your vehicle repaired. You must report the claim within 90 days of the Loss in order to redeem your benefit. When you pick up your repaired vehicle, give our collision center the following documents so we can submit for your reimbursement. All claims must be submitted within 180 days of the Loss.

1. A completed copy of this Reimbursement Authorization Form.
2. A copy of the auto policy or declaration page showing your enrolled vehicle, the vehicle being repaired, and the deductible amount.
3. Any other documents that the Administrator may reasonably request to validate a reimbursement.

Form Date:

|                 |  |
|-----------------|--|
| Customer Name:  |  |
| Mobile #:       |  |
| E-mail:         |  |
| Street Address: |  |
| City:           |  |
| State:          |  |
| Zip Code:       |  |
| Issuing Dealer: |  |

|                                 |  |
|---------------------------------|--|
| Enrolled Vehicle Last 8 of VIN: |  |
| Repair Order #:                 |  |
| Date of Loss:                   |  |
| Your Auto Insurance Company:    |  |
| Amount of Deductible:           |  |
| Year, Make & Model of Vehicle:  |  |
| Name on Vehicle Registration:   |  |
| VIN of Repaired Vehicle:        |  |

Describe Accident:

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Please submit the completed signed Reimbursement Authorization Form and the required documentation to:

Jeffrey & Tamaroff Automotive Family  
 30800 Gratiot Avenue  
 Roseville, MI 48066  
 Phone: 586-464-2307  
 Fax: 586-285-3189  
 E-mail: [support@jeffreyauto.com](mailto:support@jeffreyauto.com)

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date