

**PLYMOUTH ROCK TOW CLAIM NOTICE FORM**

DATE: \_\_\_\_\_

POLICYHOLDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

DATE OF TOW: \_\_\_\_\_

LOCATION TOWED FROM: \_\_\_\_\_

YEAR, MAKE, MODEL OF VEHICLE TOWED: \_\_\_\_\_

LICENSE PLATE OF VEHICLE TOWED: \_\_\_\_\_

REASON FOR TOW: \_\_\_\_\_

ISSUE PAYMENT TO: \_\_\_\_\_ POLICYHOLDER                      \_\_\_\_\_ TOW COMPANY

Please attach the towing invoice to this sheet and return to the Plymouth Rock Claims Department for processing.

Return to:  
Plymouth Rock Assurance  
Claims Department  
P. O. Box 9112  
Boston, MA 02112

Or you may fax this paperwork to 617-951-1624.