



THIS IS **NOT** AN INSURANCE POLICY, BUT AN ADDITIONAL  
PTS DIRECT BENEFITS MEMBER BENEFIT

**STOLEN AUTOMOBILE REWARD CLAIM FORM**

Membership Number \_\_\_\_\_ Exp. \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

Rewards Recipients Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Work _____ Other _____

**REQUIRED DOCUMENTATION TO PROCESS A CLAIM:**

\_\_\_\_\_ Detailed police report signed by law enforcement officer on the date of incident

\_\_\_\_\_ Court papers showing grand theft occurred

\_\_\_\_\_ Court papers showing conviction/guilty plea

PTS Direct Benefits issues a reward of \$2,500.00 to any person responding to a member's posting of reward and giving information that directly leads to the arrest and conviction of anyone stealing a member's automobile.

Claims will not be eligible for consideration without police report and proof of conviction. Claims must be submitted within 90 days of the incident. Approved claims will be paid by check directly to the reward recipient. Questions about this should be directed to PTS Direct Benefits 706-602-0597.

MAIL TO: **PTS DIRECT BENEFITS  
113 N. PARK AVE  
CALHOUN, GA 30701**

I understand that the theft reward will only be paid in accordance with the rules outlined above. Law enforcement officer, the member whose car was stolen or immediate family members are **not eligible**. Benefits are claimed only for PTS Direct Benefits members who own the vehicle that was stolen.

Members Signature: \_\_\_\_\_ Date \_\_\_\_\_