

Tire / Wheel Proof of Loss

Claim No. _____ Today's Date: _____

YOU MUST OBTAIN AUTHORIZATION PRIOR TO THE REPAIR OR REPLACEMENT OF ANY TIRE AND/OR WHEEL.

The information that you provide in this document will be used to evaluate your claim. **It is imperative that you fully and accurately complete all items on this form.** Failure to complete this form in its entirety may result in significant delays in the processing of your claim.

Customer Name: _____
Address: _____
Home Phone #: () _____ Other: () _____
Vehicle Year: _____ Make: _____ Model: _____ Mileage: _____
VIN: _____ Vehicle Purchase Date: _____

Make and model of damaged tire(s)/wheel(s): _____

Please circle the appropriate size of damaged tire(s) wheel(s):

16 inch 17 inch 18 inch Other: _____ inch

Please circle which tire(s) and/or wheel(s) were damaged:

TIRE(S): Front Rear **WHEEL(S):** Front Rear

Tread depth of damage tire(s): Front: _____ Rear: _____

Date the tire(s) / wheel(s) was/were damaged: _____

Date the tire(s) wheel(s) was/were replaced: _____

How did the tire(s) and/or wheel(s) become damaged?

What street were you on when your tire(s) and/or wheel(s) became damaged?

Were the tires and/or wheels the original equipment on the vehicle when purchased? (circle one) Yes No

Mail Reimbursement to: (please circle one) Dealer Customer

I hereby swear and/or affirm that the answers provided herein are true and correct.

⇒ 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 the state law.

Signature of Contract Holder: _____ **Date:** _____

*****Company use only below this line*****

_____ Return _____ Not Authorized _____ Date Authorized