

# Tire / Wheel Proof of Loss

Carrier Claim No. \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Aftercare** Claim No. \_\_\_\_\_

**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 damaged 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

If not, why were the original tires/wheels replaced? \_\_\_\_\_

When were the original tires/wheels replaced? \_\_\_\_\_

Mail Reimbursement to: (please circle one)                      Dealer                      Customer

**I hereby swear and 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 state law.

**Signature of Contract Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_ Return                      \_\_\_\_\_ Not Authorized                      \_\_\_\_\_ Date Authorized