

Tire/Wheel Proof of Loss

Claim No: _____

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.

Today's Date: _____ Effective Date: _____

Customer Name: _____
Customer Address: _____

Home Phone #: _____ Other: _____

Vehicle: Year: _____ Make: _____ Model: _____
Mileage: _____

Make and model of the damaged tire(s)/wheel(s): _____
Size of damaged tire(s)/wheel(s): _____
Tread depth of damaged tires (required): _____
Position on vehicle of damaged tire(s)/wheel(s): _____

Selling Dealer Name: _____
Vehicle Purchase Date: _____
Date Tire/Wheel was damaged: _____ Date tire/wheel replaced: _____

Description of how Tire/Wheel was damaged:

Specific location where loss occurred:

1. Were the tires and/or wheels the original equipment on the vehicle at the time of purchase? _____
2. If not, when did you purchase the tires/wheels? _____
3. If the answer to 1 is no, why were the original tires/wheels replaced?

4. Has the vehicle ever been stolen or involved in an accident? _____ If so, provide details on the back of this form, and provide us with a copy of the damage repair estimate.

Any person who knowingly, and with intent to defraud, files a statement of a claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

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

Signature of contract holder: _____ Date: _____

- Reimbursement to Customer**
- Reimbursement to Dealer**

----- Company use only below this line -----

Not Authorized: _____
Return Date: _____
Date Authorized: _____
Repair only: _____
Pending Inspection: _____