

Tire /Wheel Proof of Loss

Claim No. _____ Today's Date: _____

YOU MUST OBTAIN PRIOR AUTHORIZATION PRIOR TO THE 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: _____

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

Please select the appropriate size of damaged tire(s) / wheel(s): 16 inch 17 inch
18 inch Other: _____ inch

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

TIRE(S):	Driver:	Front	Rear	Passenger:	Front	Rear
WHEEL(S):	Driver:	Front	Rear	Passenger:	Front	Rear

The following information is required:

Tread depth of damaged tire(s): LF _____ LR _____ RF _____ RR _____

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

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 state law.

Signature of Contract Holder: _____ Date: _____

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

_____ Return _____ Not Authorized _____ Date Authorized