



TIRE AND WHEEL PROOF OF LOSS FORM

This form **must be completed in full**. Failure to complete this form in its entirety may result in significant delays in the processing of the claim.

Contract Number:

Name:

Date:

Address:

Phone:

City:

Province:

Postal Code:

VEHICLE INFORMATION

Vehicle Year:

Make and Model:

VIN:

Mileage:

Position of Damaged Tire:

TIRE INFORMATION

Tire Make:

Tire Model:

Size:

Tread Depth:

DEALERSHIP

Name:

Phone:

Contact:

Description of Damage Note: a blowout is not a cause of damage but rather the result. We will need to know what caused the damage.

Where did damage occur?

I confirm that the information submitted on this form is true and complete and accurately represents the situation resulting in the claim. I understand that any misleading or fraudulent statement(s) will result in the denial of the claim.

X _____
Contract Holder's Signature

_____ Date

X _____
Authorized Dealer Representative

_____ Date

Please fax completed form to 1-888-341-4888

Authorized
 Repair Only Replace
Date: _____
Authorization # _____

Denied

Pending Inspection