



PermaPlate

# Tire and Wheel Claim Form

Claim No. \_\_\_\_\_  
(Claim No. must be obtained prior to any repairs)

## TO BE FILLED OUT BY THE REPAIR FACILITY

Please complete this form in its entirety. Failure to do so may delay the processing of your claim.

### CLAIMANT INFORMATION

TODAY'S DATE			REGISTRATION NO.		
CLAIMANT NAME					
CURRENT ADDRESS					
CITY		STATE		ZIP	
DAYTIME PHONE			EVENING PHONE		
VEHICLE MAKE		MODEL		YEAR	

### SELLING DEALERSHIP INFORMATION

SELLING DEALERSHIP NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			FAX		
CONTACT PERSON					

### REPAIR FACILITY INFORMATION

REPAIR FACILITY NAME					
ADDRESS					
CITY		STATE		ZIP	
PHONE			FAX		
CONTACT PERSON					

### TIRE INSPECTION INFORMATION

#### ALL TIRES/WHEELS MUST BE AVAILABLE FOR INSPECTION

REIMBURSEMENT TO:  Customer  Dealer  Repair Facility

(Please fill in information for all tire/wheel(s) on vehicle, whether being claimed or not.)

Can the tire(s) be repaired?  Yes  No If the tire(s) cannot be repaired, Why? \_\_\_\_\_

Describe the cause of the damage \_\_\_\_\_

		<input type="checkbox"/> TIRE (make/model)	SIZE	TREAD DEPTH	<input type="checkbox"/> WHEEL (make/model)
DRIVER-SIDE	Front	Old	_____	_____/32"	
		New	_____	_____/32"	
	Rear	Old	_____	_____/32"	
		New	_____	_____/32"	
PASSENGER-SIDE	Front	Old	_____	_____/32"	
		New	_____	_____/32"	
	Rear	Old	_____	_____/32"	
		New	_____	_____/32"	

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 Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Service / Shop Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name (Service / Shop Manager): \_\_\_\_\_