



## Tire & Rim Protection

### CLAIM FORM

Call (800) 242-7316 for Claim Authorization

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Contract Holder's Name \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

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Cause of damage \_\_\_\_\_

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Description of damage \_\_\_\_\_ Tire Make/Model/Size \_\_\_\_\_

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Dealership \_\_\_\_\_

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Today's Date \_\_\_\_\_ Date of Loss \_\_\_\_\_

Please complete and sign this claim form and return the following items:

- A) Copy of your PermaPlate Tire & Rim Protection Guarantee
- B) Copy of sales Invoice for replacement Tire and/or Wheel.  
\*If tire damage - Tread Depth of damaged tire along with description of damage must be shown on sales invoice

Please note: We reserve the right to request photos of damage and/or a Notarized Statement of Incident from the contract holder prior to processing this claim should any information and/or documentation be received incomplete.

Mail or Fax to: **Claims Administrator**  
Independent Dealer Group, Inc  
PO Box 802  
Mahwah, NJ 07430  
Fax: (201) 961-9089      Claim Authorization: (800) 242-7316

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Contract Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_