

# 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  
18 inch  
17 inch  
Other: \_\_\_\_\_ inch

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

<b>TIRE(S):</b>	<b>Driver:</b>	Front	Rear	<b>Passenger:</b>	Front	Rear
<b>WHEEL(S):</b>	<b>Driver:</b>	Front	Rear	<b>Passenger:</b>	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