



**A claim tracking number must be obtained prior to repair. Please call 877-902-8790 for a claim tracking number. In order to properly process your Tire & Wheel Claim you will need to provide the following information and documents:**

TODAY'S DATE: \_\_\_\_\_

CLAIM TRACKING #: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

CLAIMANT NAME: \_\_\_\_\_

CLAIMANT ADDRESS: \_\_\_\_\_

REPAIR FACILITY: \_\_\_\_\_

REPAIR FACILITY CONTACT PERSON: \_\_\_\_\_

REPAIR FACILITY PHONE: \_\_\_\_\_

SELLING DEALERSHIP: \_\_\_\_\_

YEAR/MAKE/MODEL: \_\_\_\_\_

REIMBURSEMENT TO:  DEALER  CUSTOMER

**REQUIRED DOCUMENTS**  
Must be included with Claim Form

- COPY OF TIRE & WHEEL AGREEMENT
- COPY OF ACTUAL WORK ORDER RECEIPTS (indicating repair/replacement, tread depth and VIN)

### To be completed by Repair Facility Representative:

**ALL TIRES/WHEELS MUST BE AVAILABLE FOR POSSIBLE INSPECTION**

**REQUIRED INFORMATION**  
Must be included to process Claim

TIRE:            R/F            L/F            R/R            L/R  
Tread Depth:    \_\_\_/32"       \_\_\_/32"       \_\_\_/32"       \_\_\_/32"

WHEEL:            R/F            L/F            R/R            L/R

Is wheel damaged to the extent it fails to seal with tire?     Yes     No

DETAILED REASON FOR REPAIR / REPLACEMENT (MUST INCLUDE CAUSE):  
\_\_\_\_\_

IF UNABLE TO REPAIR, WHY? \_\_\_\_\_

Replacement Tire:    Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

Replacement Wheel:    Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

Service Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Information and documents may either be faxed to 610-524-6999, or mailed to the address below.  
P.O. Box 1268, Exton, Pennsylvania 19341 ~ 877-902-8790