



# Alloy Wheel Claims Form

INFORMATION FOR PERSON COMPLETING THE FORM				
Name		Today's Date		Date of Loss
Dealer	Phone No.	Email Address		
CUSTOMER INFORMATION				
Name			Contract Number (if available)	
Address				Phone No.
VEHICLE INFORMATION				
Year	Make	Model	Odometer Reading	VIN
REQUIRED CLAIM DETAILS				
DETAILED CUSTOMER COMPLAINT (WHERE, WHEN AND HOW DAMAGE HAPPENED)	_____			
SERVICE WRITER DESCRIPTION OF DAMAGE (WHAT AND CAUSE)	_____			
SUGGESTED CORRECTION AND REQUESTED AMOUNTS FOR PARTS AND LABOR	_____			
ALLOY WHEEL INFORMATION				
LOCATION OF ALLOY WHEEL TO BE REPAIRED	<input type="checkbox"/> L/F	<input type="checkbox"/> L/R	<input type="checkbox"/> R/F	<input type="checkbox"/> R/R
ALLOY WHEEL TYPE	<input type="checkbox"/> OEM	<input type="checkbox"/> Aftermarket	<input type="checkbox"/> Machined / Brushed	<input type="checkbox"/> Polished <input type="checkbox"/> Painted
ALLOY WHEEL BRAND / MODEL / SIZE	L/F	L/R	R/F	R/R
CUSTOMER OR SERVICE WRITER SIGNATURE				

**PLEASE SUBMIT THE FOLLOWING:**

1. A copy of this completed claims form with the customer's signature
2. Clear photographs of damaged area(s) per photograph policy (if applicable)

**MAIL, EMAIL OR FAX INFORMATION TO:**

**Address:** Vantage Administration Services, LP  
 8834 N Capital of Texas Hwy, #250, Austin, TX 78759  
**Email:** claims@vtgclaims.com **Fax:** 855-352-5246