



Tire & 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		_____		
TIRE AND WHEEL INFORMATION				
LOCATION OF TIRE TO BE <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED		<input type="checkbox"/> L/F Tread Depth: ____/32" <input type="checkbox"/> L/R Tread Depth: ____/32" <input type="checkbox"/> R/F Tread Depth: ____/32" <input type="checkbox"/> R/R Tread Depth: ____/32"		
TIRE BRAND / MODEL / SIZE		L/F	L/R	R/F
LOCATION OF WHEEL TO BE <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED		<input type="checkbox"/> L/F Tread Depth: ____/32" <input type="checkbox"/> L/R Tread Depth: ____/32" <input type="checkbox"/> R/F Tread Depth: ____/32" <input type="checkbox"/> R/R Tread Depth: ____/32"		
WHEEL TYPE FOR REPAIR / REPLACEMENT		<input type="checkbox"/> OEM <input type="checkbox"/> Aftermarket <input type="checkbox"/> Steel <input type="checkbox"/> Machined / Brushed <input type="checkbox"/> Polished <input type="checkbox"/> Painted <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Clad		
WHEEL BRAND / MODEL / SIZE		L/F	L/R	R/R
WHEEL AND / OR TIRE PART NUMBER		Is the wheel damaged to the extent it fails to seal with the tire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHEEL TYPE FOR REPAIR OF COSMETIC DAMAGE		<input type="checkbox"/> OEM <input type="checkbox"/> Aftermarket <input type="checkbox"/> Machined / Brushed <input type="checkbox"/> Polished <input type="checkbox"/> Painted <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Clad		
LOCATION OF WHEEL WITH COSMETIC DAMAGE		<input type="checkbox"/> L/F <input type="checkbox"/> L/R <input type="checkbox"/> R/F <input type="checkbox"/> 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