

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

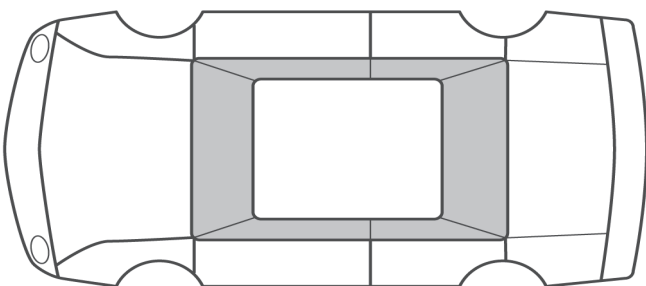
Year	Make	Model	Odometer Reading	VIN
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REQUIRED CLAIM DETAILS

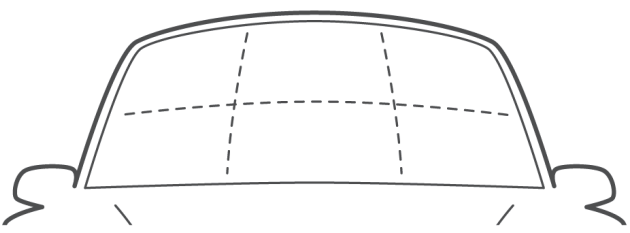
DETAILED CUSTOMER COMPLAINT (WHERE, WHEN AND HOW DAMAGE HAPPENED)	_____
SERVICE WRITER DESCRIPTION OF DAMAGE (WHAT AND CAUSE)	_____
SUGGESTED CORRECTION AND REQUESTED AMOUNTS FOR PARTS AND LABOR	_____

TIRE AND WHEEL INFORMATION

LOCATION OF TIRE TO BE REPAIRED / 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 _____ R/R _____
LOCATION OF WHEEL TO BE REPAIRED / 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/F _____ 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

DENT AND DING INFORMATION


Please indicate the damage on the illustration above.

WINDSHIELD INFORMATION


Please indicate the damage on the illustration above.

CUSTOMER OR SERVICE WRITER SIGNATURE

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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