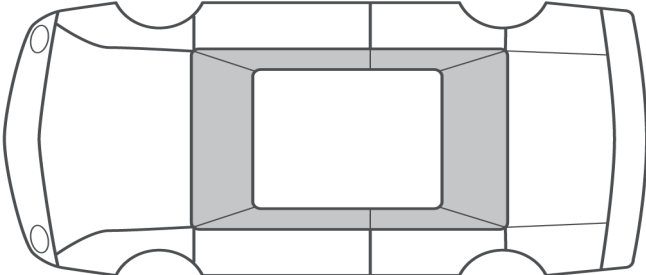
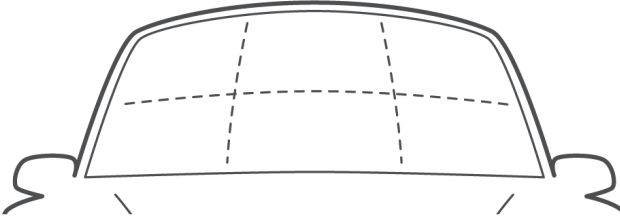


INFORMATION FOR PERSON COMPLETING THE FORM					
Name		Today's Date		Date of Loss	
Dealer	Phone No.	Email Address			
CUSTOMER INFORMATION					
Name			Contract Number (if available)		
Address				Phone No.	
VEHICLE INFORMATION					
Year	Make	Model	Odometer Reading	VIN	
REQUIRED CLAIM DETAILS					
DETAILED 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	
DENT AND DING INFORMATION		WINDSHIELD INFORMATION			
 <p>Please indicate the damage on the illustration above.</p>		 <p>Please indicate the damage on the illustration above.</p>			
INTERIOR INFORMATION					
AREA(S) TO BE CLEANED OR REPAIRED	<input type="checkbox"/> Fabric	<input type="checkbox"/> Leather	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Carpet <input type="checkbox"/> Upholstery <input type="checkbox"/> Carpeted Floor Mats	Date Damage Was First Noticed
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