



Tire & Wheel Claims Form

SERVICE WRITER INFORMATION					
Name		Today's Date		Date of Loss	
Dealership/Repair Facility	Phone No.	Fax No.	Email Address		
AGREEMENT HOLDER INFORMATION					
Name			Contract Number or Last 8 of VIN		
Address		Phone No.	Email Address		
VEHICLE INFORMATION					
Year	Make	Model	Odometer Reading	VIN	
REQUIRED CLAIM DETAILS					
DETAILED COMPLAINT (WHERE, WHEN AND HOW DAMAGE HAPPENED)		_____			
DESCRIPTION OF DAMAGE (WHAT AND CAUSE)		_____			
SUGGESTED CORRECTION AND REQUESTED AMOUNTS FOR PARTS AND LABOR		_____			
		Parts \$ _____ Labor \$ _____ Total \$ _____			
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"
DAMAGED TIRE BRAND / MODEL / SIZE	L/F	L/R	R/F	R/R	
LOCATION OF WHEEL TO BE <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED	L/F	L/R	R/F	R/R	
WHEEL TYPE FOR REPAIR / REPLACEMENT	<input type="checkbox"/> Alloy <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Clad <input type="checkbox"/> Other _____				
WHEEL FINISH FOR REPAIR / REPLACEMENT	<input type="checkbox"/> Painted / Polished <input type="checkbox"/> Hyper Silver <input type="checkbox"/> Machined / Brushed <input type="checkbox"/> Other _____				
DAMAGED WHEEL PART NO.	L/F	L/R	R/F	R/R	
SIGNATURE OF PERSON COMPLETING THIS FORM					
<input type="checkbox"/> Agreement Holder <input type="checkbox"/> Service Writer <input type="checkbox"/> I certify this damage was caused by a Road Hazard					

SUBMIT THE FOLLOWING:

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

MAIL, EMAIL OR FAX INFORMATION TO:

Address: Vantage Administration Services, LP
 8834 N Capital of Texas Hwy, #250, Austin, TX 78759
Email: claims@vtg-services.com **Fax:** 512-795-9069

Note: For claims processing, the technician must call 855-902-5246 prior to making any repairs or replacements. Dealers have access to online claims services. Email admin@vtg-services.com for password and training. If a covered tire or wheel is repaired or replaced outside our normal business hours the Agreement Holder must contact us within five (5) business days. The Agreement Holder will be responsible for repair/replacement costs if it is determined that the repair/replacement is not eligible for coverage under the Agreement. We must receive all claim documentation within ninety (90) days of repair/replacement for a claim to be valid and eligible for payment. RoadVantage® reserves the right to investigate any claim prior to reimbursement.