## TIRE OR RIM CLAIM FORM

Tire Dealer must complete this section:			
Manufacturer of Damaged Tire or Rim	Tire Size	Tire's DOT Serial Number	Tread Depth Remaining
Please Note: Damaged tires or rims mus inspect them, at their expense. The clain		-	-
2) Manufacturer of New Tie or Rim  Tire Size		Tire's DOT Serial Number	
Please circle position of the new tire o	n the vehicle:	RF LF	RR LR
Vehicle Owner must complete this sec	ction		
LAST NAME	21011		
FIRST NAME		MIDDLE	Please circle one:  MR. / MRS. / MS.
STREET			APT or SUITE
CITY		PROVINCE	POSTAL CODE
VEHICLE SERIAL NUMBER (VIN)			
MAKE & MODEL		CURRENT MILEAGE	MODEL YEAR
1) Did the tire go flat? YES NO	_	4	4
2) Is the tire or rim damaged as a result of	•	accident? YES NO	
Please describe the damage and how	it occurred:		
4) Amount being claimed	\$	_	
I Hereby certify that the above informatio	n is true and correct		
Signed		Dated	

## **Claims Procedure:**

- 1) In the case of a flat tire, have the tire repaired. If the tire is not repairable, then purchase the same or comparable tire type.
- 2) In the case of a damaged rim, the must be repaired. Rim repairs may be sent to Wheel Covers Unlimited at no cost to the warranty holder, by calling (800) 265-5083.
- 3) Return the form completed in full along with your original receipt and a copy of your warranty to Warranty Record Centre, P.O. Box 186, Concord, ON L4K 1B4.

Upon written approval of you claim, the Warranty Record Centre will reimburse you the cost of your tire or rim, mounting, balancing, service costs and sales tax. Normal adjustment time is thirty days after receipt of all requested information. Cheques will only be made payable to the warranty holder. Failure to complete this form in its entirety and to send all requested documents, will delay claim processing.