

TYRE & MAG WHEEL CLAIM FORM

INSURED

Policy number _____

Name and surname _____

Telephone numbers - during the day _____ Cell _____

Physical address _____

E-mail _____

VEHICLE

Make and model _____

Year _____

Registration number _____

VIN Number _____

DAMAGE

Date _____

Time _____

Place _____

Cause of loss _____

Which tyre was damaged? _____	Left Front	Left Rear	Right Front	Right Rear	None
Which mag/rim was damaged? _____	Left Front	Left Rear	Right Front	Right Rear	None

Was your vehicle damaged in any other place? _____

Estimate of repairs or replacement _____

Dealership used _____

Tread count of damaged tyre _____

DECLARATION

I/We hereby solemnly declare that I/we have suffered the loss of/damage to the property listed above and that the said property was my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above. I/We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.

Signature of the insured _____ Date _____