

TYRE & MAG WHEEL CLAIM FORM

INSURED

Policy number

Name and surname

Contact Numbers: Work

Home

Cell

Physical address

E-mail

VEHICLE

Make

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 places?

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 insured: (Digital or Written if printing form)

Date

Please sign and send your completed form to:
info@indequity.com