

Tire & Wheel Claim Form

Claim Number: _____

(Leave blank if you have not received a claim number from MAG)

The information that you provide in the Claim Form will be used to evaluate your claim. You must fully and accurately complete all items on the form. Failure to complete this form in its entirety may result in significant delays in processing your claim and/or denial of your claim.

Customer Information							
Customer Name:				Today's Date:			
Customer Address:				Phone #			
City:		State:		Zip:		Email:	
Vehicle Information							
Year:		Make:		Model:			
Vin Number:							

(The full 17 digit Vin number is required)

YOU MUST OBTAIN AUTHORIZATION WITH AN AUTHORIZATION NUMBER FROM MAG PRIOR TO THE REPAIR OR REPLACEMENT OF ANY TIRE AND/OR WHEEL.

Description of Damage								
Date Tire/Wheel was damaged:			Please circle which Tire(s) and/or Wheel(s) were damaged					
What is the tread depth of the damaged tire(s) at the lowest point: (Required)			Tire:		Left Front	Left Rear	Right Front	Right Rear
Is the damage to the Tire/Wheel repairable:			Wheel:		Left Front	Left Rear	Right Front	Right Rear
If the damage is not repairable, please tell us why:								
Replacement Tire:		Make:		Model:		Size:		
Cost of Tire:	Parts:	Labor:	Other:	Tax:	Total:			
Replacement Wheel:		Make:		Model:		Size:		
Cost of Wheel:	Parts:	Labor:	Other:	Tax:	Total:			
Please provide a detailed description of how the Tire/Wheel was damaged:								
Please specify the location where the damage occurred:								
Were the Tires/Wheels the original equipment on the vehicle at the time of purchase:								
Has the vehicle ever been stolen or in an accident:				If yes, What was the date of the event:				
Repair Facility Information								
Name:				Phone Number:				
Street:			City:			State:	Zip:	
Contact Name:				Total Requested Reimbursement:				

Return completed and signed form to: Fax: (941) 538-3026 Attn: T&W Claims or Email: Claims@Maximusautogroup.com

Any person(s) who knowingly presents false or fraudulent information, files a statement of claim containing any false, misleading or fraudulent information for payment of a loss or benefit may be guilty of fraud and may be subject to substantial fines and/or confinement in prison.

I hereby swear and/or affirm that the answers provided herein are true and correct.

Signature of Contract Holder: _____

Date: _____