



Tire & Wheel Claim Instructions

Please follow these instructions closely to insure prompt and efficient handling of your claim.

During the claim process you will submit documentation which will be required in order to obtain an authorization of your claim. All claims must be authorized by MAG prior to any work being performed, or on the next business day if your claim is initiated outside of normal business hours. Provided the damage is covered under your contract, we will cover the reasonable costs required for the repair or, if necessary, the replacement of your tires and/or wheels that have been damaged by a covered road hazard. Please see your contract for details and limitations in coverage. You should be aware that MAG will not pay for repair or replacement charges that are deemed excessive. Therefore, you should verify with the repair facility that a final price has been agreed upon between MAG Claims Department and the repair facility prior to any work being performed on the covered vehicle. We reserve the right to inspect the damaged property prior to its repair or disposal.

Where to take your vehicle for service? We recommend taking your vehicle back to the dealer where you purchased your vehicle. In most cases, we can reimburse the selling dealer directly for any covered expense associated with the claim. If you cannot take your vehicle back to the selling dealer, you may take your vehicle to any qualified repair facility. However, you may be required to pay the repair facility for the repairs and file for reimbursement from MAG.

The dealer/repair facility will inspect your tire and/or wheel damage and assist you in filling out the **Tire & Wheel Claim Form**.

Step 1 – Report the Claim

Customer and/or Dealer may report the claim to the MAG Claims Department at 941-739-0044 option 2 between 9:00 AM and 5:00 PM EST Monday – Friday.

ALL claims must be reported prior to any work being performed. Any claims not reported to MAG prior to work being performed may result in denial of your claim. If you are calling outside of normal business hours, you must leave a message in our claims voice mailbox to notify us of your pending claim.

NORMAL BUSINESS HOURS PROCEDURES:

***** BEFORE repair or replacement**

1. Call in claim to MAG Claims Department at 941-739-0044 and select option 2 for claims. You will receive a claim tracking number which can be used to reference your claim. **This is not an authorization that your claim will be paid.** Coverage must be confirmed and the required documents must be received before a claim can be authorized and paid.
2. Repair facility inspects damage and makes a determination if the damage was caused by a road hazard or other cause (i.e. improper inflation, manufactures' defect, dry rot, etc.). Repair facility also makes a determination if the damaged tire and/or wheel is repairable.
3. Complete and sign the claim form which may be obtained from the MAG Claims Rep or from our website www.maximusautogroup.com/claim-info/. The MAG Claim Adjuster will need the following information to process your claim. This information should be included on your claim form.



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- a. Date of damage.
 - b. Cause of damage.
 - c. Which tire and/or wheel is damaged.
 - d. Remaining tread depth of the damaged tire (at the lowest point).
 - e. Vehicle information, including the full 17 digit VIN number.
 - f. Replacement tire and/or wheel make, model and size.
 - g. Detailed quote for the cost of repair/replacement.
4. Fax or email completed and signed Claim Form to MAG Claims Department.
Fax #: 941-538-3026 Attn: T&W Claims
Email: claims@maximusautogroup.com
5. MAG Claims Adjuster will review the information submitted in the Claim Form and make a claims decision. Please note: MAG will only pay for the reasonable cost for repair or replacement of covered tires and/or wheels. All requests for reimbursement are cross referenced against a national data base of average replacement cost for tires and/or wheels. Any request for reimbursement which is deemed excessive will not be authorized.
6. MAG reserves the right to inspect the tire and/or wheel **prior to** authorization. In the event that we require an inspection, you will be reimbursed for rental car expenses while the inspection is being performed. See contract for details.
7. Provided coverage is confirmed, we will authorize your claim. You will receive an authorization number and an authorized amount.
8. Repair facility makes the necessary repairs and/or replacements.
9. Submit the required documents to MAG Claims Rep for reimbursement. The required documents we may request include but are not limited to:
- a. The completed and signed Claim Form.
 - b. A copy of the repair invoice signed by the customer.
 - c. The claim authorization number.
 - d. A copy of your original Tire and Wheel contract.
 - e. Rental car receipts if requesting rental car reimbursement.
 - f. Receipts for emergency travel expensed if requesting emergency travel reimbursement.

Documents may be submitted via Fax, Email or Postal service.

Fax #: 941-538-3026 Attn: T&W Claims

Email: claims@maximusautogroup.com

Postal: MAXIMUS AUTO GROUP
ATTN: CLAIMS DEPARTMENT
3626 GRANT LINE RD
SUITE 207
NEW ALBANY, IN 47150

10. MAG will reimburse the selling dealer directly via corporate credit card if the repairs were completed at the selling dealer. If the repairs were completed at another repair



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facility, you may be required to pay for the repairs and receive reimbursement from MAG.

AFTER HOURS, WEEKENDS AND HOLIDAYS:

****** BEFORE repair or replacement**

1. Call in claim to MAG Claims Department at 941-739-0044 and select option 2 for claims. You must leave a message in our claims voice mailbox to notify us of a pending claim. On the next business day, you must call MAG Claims Department to process your claim.
2. Repair facility inspects damage and makes a determination if the damage was caused by a road hazard or other cause (i.e. improper inflation, manufactures' defect, dry rot, etc.). Repair facility also makes a determination if the damaged tire and/or wheel is repairable.
3. You may choose to have the repair facility complete the repairs and/or replacements if you deem the damaged to be covered by your contract. Note: the repair facility **MUST** hold the damaged tire and/or wheel until MAG Claims Department has made a decision on inspection. If, upon review of the claim by the MAG Claims Department, it is determined that the damage is not covered under your contract your claim will be denied and no reimbursement will be made.
4. Complete and sign the claim form which may be obtained from our website www.maximusautogroup.com/claim-info/. The MAG Claim Adjuster will need the following information to process your claim. This information should be included on your claim form.
 - a. Date of damage.
 - b. Cause of damage.
 - c. Which tire and/or wheel is damaged.
 - d. Remaining tread depth of the damaged tire (at the lowest point).
 - e. Vehicle information, including the full 17 digit VIN number.
 - f. Replacement tire and/or wheel make, model and size.
 - g. Detailed quote for the cost of repair/replacement.
5. Fax or email completed and signed Claim Form to MAG Claims Department.
Fax #: 941-538-3026 Attn: T&W Claims
Email: claims@maximusautogroup.com
6. Repair facility makes the necessary repairs and/or replacements.
7. Customer pays the repair facility for all repairs and/or replacements.
8. You must call the MAG Claims Department on the next business day. A MAG Claims Adjuster will review the information submitted in the Claim Form and make a claims decision. Please note: MAG will only pay for the reasonable cost for repair or replacement of covered tires and/or wheels. All requests for reimbursement are cross referenced against a national data base of average replacement cost for tires and/or wheels. Any request for reimbursement which is deemed excessive will not be authorized.
9. MAG reserves the right to inspect the tire and/or wheel **prior to** authorization. In the event that we require an inspection you will be reimbursed for rental car expenses while the inspection is being performed. See contract for details.
10. Provided coverage is confirmed, we will authorize your claim. You will receive and authorization number and an authorized amount.



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11. Submit the required documents to MAG Claims Rep for reimbursement. The required documents we may request include but are not limited to:
- a. The completed and signed Claim Form.
 - b. A copy of the repair invoice signed by the customer.
 - c. The claim authorization number.
 - d. A copy of your original Tire and Wheel contract.
 - e. Rental car receipts if requesting rental car reimbursement.
 - f. Receipts for emergency travel expensed if requesting emergency travel reimbursement.

Documents may be submitted via Fax, Email or Postal service.

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Email: claims@maximusautogroup.com

Postal: MAXIMUS AUTO GROUP
ATTN: CLAIMS DEPARTMENT
3626 GRANT LINE RD
SUITE 207
NEW ALBANY, IN 47150

12. MAG will reimburse you for the authorized amount.

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:			Yes / No		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:						Yes / No				
Has the vehicle ever been stolen or in an accident: Yes / No 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: _____