



TIRE & WHEEL CLAIM FORM

A claim tracking # must be obtained prior to repair. Please call 800-890-7211 for a claim tracking #. In order to properly process your Safe-Guard Tire & Wheel Claim Tracking #, please forward the following information and documents:

TODAY'S DATE: _____ REGISTRATION #: _____

CLAIM TRACKING #: _____ DATE OF INCIDENT: _____

CLAIMANT NAME: _____

CLAIMANT ADDRESS: _____

REPAIR FACILITY: _____

REPAIR FACILITY CONTACT PERSON: _____

REPAIR FACILITY PHONE: _____

SELLING DEALERSHIP: _____

YEAR/MAKE/MODEL: _____

REIMBURSEMENT TO: ☐ DEALER ☐ CUSTOMER

**REQUIRED
DOCUMENTS:
Must be included
with Claim Form**

☐ COPY OF SAFE-GUARD TIRE & WHEEL AGREEMENT

☐ COPY OF ACTUAL WORK ORDER RECEIPTS
(indicating repair/replacement, tread depth and VIN)

To be completed by Repair Facility Representative:

ALL TIRES/WHEELS MUST BE AVAILABLE FOR POSSIBLE INSPECTION.

**REQUIRED
INFORMATION:
Must be included
to process Claim**

TREAD DEPTH (ALL TIRES)

L/F _____/_____/_____/32"

R/F _____/_____/_____/32"

L/R _____/_____/_____/32"

R/R _____/_____/_____/32"

DOT NUMBERS OLD (ONLY DAMAGED TIRES)

WHEEL FAILS TO SEAL

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ **DETAILED** REASON FOR REPAIR / REPLACEMENT (MUST INCLUDE CAUSE) _____

☐ **IF UNABLE TO REPAIR, WHY?** _____

Replacement Tire: Make _____ Model _____ Size _____

Replacement Wheel: Make _____ Model _____ Size _____

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

Service Manager Signature _____ Date _____

Print Name _____

PLEASE MAIL THE INFORMATION YOU HAVE COMPILED TO THE FOLLOWING ADDRESS:

Administrator, 3500 Piedmont Road, Suite 400, Atlanta, GA 30305 • 800-890-7211 • Fax to 678-553-1367 or 678-553-1355

IF YOU HAVE ANY QUESTIONS, CONTACT THE ADMINISTRATOR AT 800-890-7211.