



# NWC TIRE & WHEEL CLAIM FORM

ALL CLAIMS REQUIRE A CLAIM REFERENCE NUMBER PRIOR TO REPAIR OR RELACEMENT.



This form is required to be completed in its entirety in order to submit this claim for reimbursement.

## SECTION 1

CLAIMANT INFORMATION - TO BE COMPLETED BY CUSTOMER ONLY

Selling Dealership \_\_\_\_\_

Claimant's Name \_\_\_\_\_ Service Agreement # \_\_\_\_\_ Email Address \_\_\_\_\_ Daytime/Cell Phone # \_\_\_\_\_

Address to mail reimbursement/payment \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CLAIMANT STATEMENT - describe when, where and how loss occurred:

CLAIMANT CERTIFICATION - 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. All eligible claim reimbursement/payments will be issued directly to the Claimant.

Date of Failure \_\_\_\_\_ Today's Date \_\_\_\_\_ Claimant Signature \_\_\_\_\_

## VEHICLE INFORMATION

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

## SECTION 2

TO BE COMPLETED BY REPAIR FACILITY REPRESENTATIVE

Repair Facility \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Findings upon inspection of tire(s) and/or wheel(s)

Is damage repairable?  Yes  No If not, why? \_\_\_\_\_

Is damage related to a manufacturer defect?  Yes  No

Is damage related to curb damage?  Yes  No

Are tires and wheels original manufacturer equipment?

Yes  No

All tires and wheels must be available for inspection

	L/F	R/F	L/R	R/R
Failure	_____	_____	_____	_____
T = Tire W = Wheel	_____	_____	_____	_____

Tread depth (\_\_\_/32) \_\_\_\_\_

PSI \_\_\_\_\_

Wheel fail to seal with tire? \_\_\_\_\_

## Required Documents

- NWC Tire & Wheel Claim Form - completed and signed by the Claimant & Repair Facility.
- NWC Tire & Wheel Agreement (copy)
- Photographs of the damaged tire and/or wheel, vin plate, odometer reading
- Actual Work Order Receipts indicating repair/replacement, tread depth and VIN (copy)

Email or fax these documents in order to receive a claim reference number prior to repair and/or replacement.

Email: [claims@nationwarranty.com](mailto:claims@nationwarranty.com)

Fax: (954) 340-7465

## Tire

Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

## Wheel

Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

## CERTIFICATION

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Date \_\_\_\_\_ Repair Facility Manager's Signature \_\_\_\_\_