

**A Claim Tracking Number must be obtained prior to repair. Please call 877-882-7481 for a Claim Tracking Number. In order to properly process your Interstate Star UVP Claim Tracking Number, please forward the following information and documents:**

TODAY'S DATE: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_ CLAIM TRACKING #: \_\_\_\_\_  
 CLAIMANT NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_  
 CLAIMANT ADDRESS: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 REPAIR FACILITY: \_\_\_\_\_ REPAIR FACILITY PHONE #: \_\_\_\_\_  
 REPAIR FACILITY CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 SELLING DEALERSHIP: \_\_\_\_\_  
 YEAR/MAKE/MODEL: \_\_\_\_\_  
 SIZE OF THE DAMAGE: \_\_\_\_\_

REIMBURSEMENT TO:  DEALER  CUSTOMER

**REQUIRED DOCUMENTS:**  COPY OF INTERSTATE STAR UVP AGREEMENT  
 Must be included with Claim Form  COPY OF ACTUAL WORK ORDER RECEIPTS (indicating repair/replacement, tread depth and VIN)

**To be Completed by Repair Facility Representative:**

**TIRE & WHEEL PROTECTION**

**ALL TIRES/WHEELS MUST BE AVAILABLE FOR POSSIBLE INSPECTION.**

**REQUIRED INFORMATION** (Must be included with Claim Form)

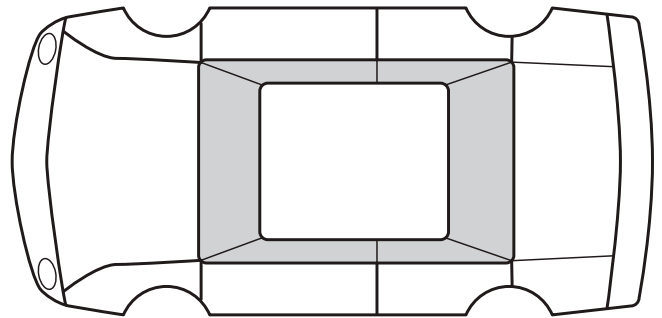
TIRE:  R/F Tread Depth: \_\_\_\_/32"  L/F Tread Depth: \_\_\_\_/32"  R/R Tread Depth: \_\_\_\_/32"  L/R Tread Depth: \_\_\_\_/32"  
 WHEEL:  R/F  L/F  R/R  L/R Is wheel damaged to the extent it fails to seal with tire?  Yes  No  
 **DETAILED** REASON FOR REPAIR/REPLACEMENT (MUST INCLUDE CAUSE) \_\_\_\_\_

**IF UNABLE TO REPAIR, WHY?** \_\_\_\_\_

Replacement Tire: Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_  
 Replacement Wheel: Make \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_

**DENT PROTECTION**

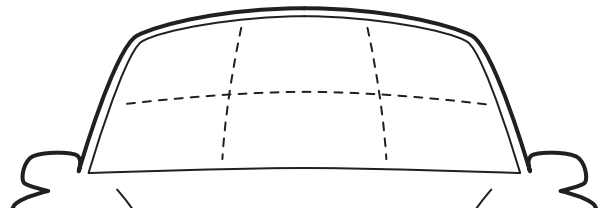
HOW WAS THE VEHICLE DAMAGED? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



PLEASE INDICATE THE DENTS ON THE ILLUSTRATION ON THE RIGHT:

**WINDSHIELD PROTECTION**

HOW WAS THE WINDSHIELD DAMAGED? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



PLEASE INDICATE THE DAMAGE ON THE ILLUSTRATION ON THE RIGHT:

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 • 877-882-7481 • Fax to 678-894-3591**

**IF YOU HAVE ANY QUESTIONS, CONTACT THE ADMINISTRATOR AT 877-882-7481.**