



TIRE & WHEEL CLAIM FORM

A claim tracking # must be obtained prior to repair. Please call 877-882-7481 for a claim tracking #. In order to properly process your Interstate Tire & Wheel Claim Tracking #, please forward the following information and documents:

TODAY'S DATE: _____ REGISTRATION #: _____

CLAIM TRACKING #: _____ DATE OF INCIDENT: _____

CLAIMANT NAME: _____ EMAIL ADDRESS: _____

CLAIMANT ADDRESS: _____

REPAIR FACILITY: _____

REPAIR FACILITY CONTACT PERSON: _____

REPAIR FACILITY PHONE: _____ EMAIL ADDRESS: _____

SELLING DEALERSHIP: _____

YEAR/MAKE/MODEL: _____

REIMBURSEMENT TO: DEALER CUSTOMER

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

- COPY OF INTERSTATE TIRE & WHEEL AGREEMENT
- COPY OF ACTUAL WORK ORDER RECEIPTS (indicating 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)

DOT NUMBERS OLD (ONLY DAMAGED TIRES)

WHEEL FAILS TO SEAL

L/F _____/_____/_____/32"

Yes No

R/F _____/_____/_____/32"

Yes No

L/R _____/_____/_____/32"

Yes No

R/R _____/_____/_____/32"

Yes No

DETAILED REASON FOR 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 • 877-882-7481 • Fax to 678-894-3591**

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