



# NWC TIRE & WHEEL CLAIM FORM



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

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

Failure \_\_\_\_\_ L/F \_\_\_\_\_ R/F \_\_\_\_\_ L/R \_\_\_\_\_ R/R \_\_\_\_\_

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: [specialtyautomotiveclaims@gaic.com](mailto:specialtyautomotiveclaims@gaic.com)

Fax: (877) 526-0899

## Tire

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

## Wheel

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

## CERTIFICATION

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