



TIRE & WHEEL CLAIM FORM

TODAY'S DATE: _____ DATE OF INCIDENT: _____

CLAIM TRACKING #: _____

CUSTOMER NAME: _____ TELEPHONE: _____

REPAIR FACILITY: _____ CONTACT PERSON: _____ TELEPHONE: _____

SELLING DEALERSHIP: _____

YEAR/MAKE/MODEL: _____ VIN: _____

ALL TIRES/WHEELS MUST BE AVAILABLE FOR POSSIBLE INSPECTION

PLEASE NOTE: A claim tracking # must be obtained prior to repair. Please have the repair facility call 800-890-7211. In order to properly process your AutoNation Tire & Wheel Claim, forward the information on this form and documents indicated.

REIMBURSEMENT TO: DEALER CUSTOMER

REIMBURSEMENT ADDRESS: _____

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

FRONT REPLACEMENT MAKE: _____ MODEL: _____ SIZE: _____

REAR REPLACEMENT MAKE: _____ MODEL: _____ SIZE: _____

TIRE IS REPAIRABLE TIRE IS NOT REPAIRABLE (Hold tire and be prepared to send to AutoNation)

DESCRIPTION OF DAMAGE: _____

REASON FOR DAMAGE: _____

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: _____

PRINT NAME: _____

CUSTOMER SIGNATURE: _____

PRINT NAME: _____

The following must be included with Claim Form

- COPY OF AUTONATION TIRE & WHEEL AGREEMENT
- COPY OF ACTUAL WORK ORDER RECEIPTS (indicating repair/replacement, tread depth and VIN)

CLAIM FORM MUST BE FILLED OUT COMPLETELY AND ACCURATELY IN ORDER TO RECEIVE REIMBURSEMENT.

Information and documents may either be faxed to 678-553-1355, or mailed to the address below.
3500 Piedmont Road NE, Suite 400 , Atlanta, Georgia 30305 • 800-459-7498