

## Tire/Wheel Proof of Loss

Claim No: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### YOU MUST OBTAIN PRIOR AUTHORIZATION PRIOR TO THE REPLACEMENT OF ANY TIRE AND/OR WHEEL

**The information that you provide in this document will be used to evaluate your claim. It is imperative that you fully and accurately complete all items on this form. Failure to complete this form in its entirety may result in significant delays in the processing of your claim.**

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ other ( ) \_\_\_\_\_

Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_ VIN (last 8) \_\_\_\_\_

Make and model of damaged tire(s)/wheel(s): \_\_\_\_\_

Please circle the size of damaged tire(s)/Wheel(s) 16 inch 17 inch 18 inch Other \_\_\_\_\_

Circle which tires and/or wheels were damaged:

Tires: Left Front      Left Rear      Right Front      Right Rear

Wheels: Left Front      Left Rear      Right Front      Right Rear

Tread depth of damaged tire(s): LF \_\_\_\_\_ LR \_\_\_\_\_ RF \_\_\_\_\_ RR \_\_\_\_\_

Date damage occurred \_\_\_\_\_ Date damage repaired: \_\_\_\_\_

Explain how were your tire(s) and/or wheel(s) became damaged?  
\_\_\_\_\_

What street were you on when your damage occurred? \_\_\_\_\_

Other than driving to and from your regular workplace, do you (or the regular operator) use the covered vehicle for work?  Yes  No

If the answer to the last question was yes, please answer the following questions:

Name of Employer(s) \_\_\_\_\_

Describe Job Duties \_\_\_\_\_

Average number of jobsites/locations visited per workday \_\_\_\_\_

Explain how you (or regular operator) use(s) your car for work? \_\_\_\_\_

Do you carry tools and/or supplies? Yes    No

Are you reimbursed by employer(s) for mileage and/or other auto expenses? Yes    No

Do you claim a mileage deduction on your tax returns? Yes    No

I hereby swear and/or affirm that the answers provided herein are true and correct. I understand that 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.

**Email this completed form to: [twclaims@nsdmc.com](mailto:twclaims@nsdmc.com)**

Signature of Contract Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_