



# ULTIMATE VEHICLE PROTECTION CLAIM FORM

**A Claim Tracking Number must be obtained prior to repair. Please call 800-890-7211 for a Claim Tracking Number. In order to properly process your Safe-Guard Ultimate Vehicle Protection 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 SAFE-GUARD ULTIMATE VEHICLE PROTECTION 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 \_\_\_\_\_

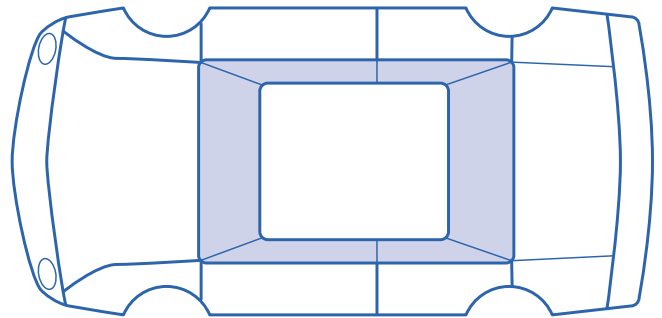
### DENT PROTECTION

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

\_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE THE DENTS ON THE ILLUSTRATION ON THE RIGHT:



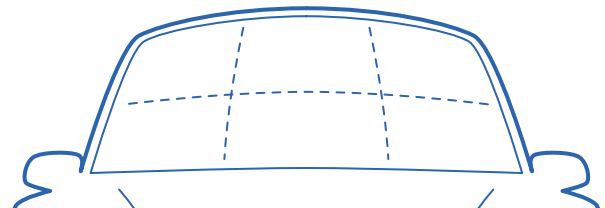
### WINDSHIELD PROTECTION

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 • 800-890-7211 • Fax to 678-553-1355 or 678-553-1367**

**IF YOU HAVE ANY QUESTIONS, CONTACT THE ADMINISTRATOR AT 800-890-7211.**