



Insurance. Tyre Cover Claim Form.

Policy Holder Details:

Initials:	Surname:
Identity no.:	E-mail:
Cell:	Tel:
Postal address:	

Banking Details:

Bank:	Account no.:
Branch:	Branch code:
Claim submitted to another insurer?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, with whom?	

Vehicle Details:

Make and model:	Year:	Gross vehicle mass:
Registration:	Chassis no.:	Odometer reading:
What was the vehicle used for?		
Any damage to the vehicle:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Please attach a copy of the Dealer tax invoice as at time of vehicle purchase.		

Incident details:

Date of incident:
Brief description:

Tyre description:

Tyre dealership name:	
Damaged tyre manufacturer:	Tyre model:

Remaining Tread	LF	mm	RF	mm
	LR	mm	RR	mm

Please indicate which tyre/s are damaged by marking the appropriate box with an X

Declaration:

We hereby confirm that the tyre presented for replacement was damaged due to cut, bruise, impact break or puncture and all details completed are true and accurate. We confirm that if the information provided herein, is found to be incorrect or untrue, this may result in a repudiation of the claim. We understand that the information contained in this form will be used by the BMW Group for Insurance claims and/or customer services related matters.

_____	_____	_____	_____
Dealer Name	Dealer Signature	Customer Signature	Signed on DD / MM / YYYY