



Tire/Wheel Claim Form

Customer Name: _____

Warranty Number: _____

Claim submitted by: _____

Phone number of person submitting claim: _____

PLEASE NOTE: Prior authorization is required for repair/replacement. Please have the technician performing the work contact our office to obtain authorization prior to the work being performed. Failure to obtain pre-approval may result in denial of the claim.

The claim can be filed by calling the toll-free number, 800-346-6469, pressing Option 1 for claims and following the prompts. Claims processors are available to take calls Monday-Friday from 8:00 a.m. to 5:00 p.m. central time.

The documents listed below must be obtained and submitted to us in order for this claim to be processed:

- A copy of the invoice
- If the invoice does not contain the covered vehicle's VIN, or year/make/model, we will need a copy of the warranty

This information may be faxed to 512-421-8084 or mailed to our office:

IAS, Inc.
Attn: Claims Dept.
12800 Angel Side Drive
Leander, TX 78641

You may also submit this information to us via email to: bvires@iasdirect.com

If you have any questions, please call 800-346-6469. Thank you.

For faster claims processing, visit our web site: www.fasterclaims.com