



LOSS VERIFICATION FORM

Date: _____ Claim Number: _____
 Customer Name: _____ Warranty Number: _____
 Customer Address: _____
 Dealer/Repair Facility Name: _____
 Contact Person Name: _____
 Contact Person Phone: _____ Contact Person Email: _____
 Vehicle Year/Make/Model/VIN: _____
 Reimbursement to: Customer Dealer

Information below must be completed by facility completing repairs. Both customer and repair facility personnel must sign to verify accurateness of information supplied.

	Tread Depth	Wheel Sealing (Y/N)	Cause of Damage	Repairable? (Y/N)	If not repairable, describe why not.
LF	___ / 32				
RF	___ / 32				
LR	___ / 32				
RR	___ / 32				

Detail any other pertinent information regarding this claim: _____

By my signature below, I certify that the above stated cause of damage is true and accurate. Failure to give an accurate statement of loss or knowingly submitting false or misleading information will be deemed to be fraud and may face criminal penalties in accordance with state law.

 Customer Signature

 Dealer / Repair Facility Rep Signature

 Customer Printed Name

 Dealer / Repair Facility Rep Printed Name

This form may be faxed to 512-421-8911 or mailed to our office:

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

You may also submit this form to us via email to: claimssupport@iasdirect.com

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