



# 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

\_\_\_\_\_  
 Relationship to Contract Holder

\_\_\_\_\_  
 Manager Signature

This form may be faxed to 512-257-4777 or mailed to our office:  
 Innovative Aftermarket Systems L.P.  
 Attn: Claims Dept.  
 10800 Pecan Park Blvd., Suite 410  
 Austin, TX 78750

You may also submit this form to us via email to: [claimssupport@iasdirect.com](mailto:claimssupport@iasdirect.com)  
 If you have any questions, please call 800-346-6469. Thank you.