

PTRP Claim Form

Authorization # _____

Date _____

tireclaim@firstcanadian.ca

Fax: (780) 417 0935

Owner Information			
Certificate holder's Name		Home Telephone	Work Telephone
Street Address		City	Prov Postal Code

Vehicle Information			
Year	Make	Model	Vehicle ID Number
Certificate Number	Purchase Date	Kilometers at Purchase	Kilometers at Claim

Repair Facility			
Dealer Name		Contact Person	Telephone Fax
Street Address		City	Prov Postal Code

Claim Information		
<input type="checkbox"/> RT FRT <input type="checkbox"/> LT FRT <input type="checkbox"/> RT REAR <input type="checkbox"/> LT REAR		
<input type="checkbox"/> TIRE REPLACEMENT Original Make _____ Model _____ Size _____ Tread depth _____ / 32 Speed rating _____ Run Flat <input type="checkbox"/> Yes <input type="checkbox"/> No Estimate: Tire (dlr cost) \$ _____ Tire mark up \$ _____ Mnt+ Bal \$ _____ Tire Tax \$ _____ GST + HST \$ _____ Total \$ _____	<input type="checkbox"/> RIM REPAIR Original Make _____ Model _____ Size _____ Estimate: Repair cost _____ Sublet _____ Sublet mark up _____ Mnt+ Bal \$ _____ GST + HST \$ _____ Total \$ _____	<input type="checkbox"/> RIM REPLACEMENT Original Make _____ Model _____ Size _____ Estimate: Part No. _____ Rim (dlr cost) \$ _____ Rim mark up \$ _____ Mnt+ Bal \$ _____ GST + HST \$ _____ Total \$ _____

Email or fax **completed form, signed work order**, and email **photo** of damaged Tire +/- Rim to tireclaim@firstcanadian.ca for approval on any replacements

All tire and rim replacements require dealer / repair facility's original tire purchase invoice. **maximum markup of 30%** on replacements (not to exceed the MSRP).

All tire and rim repairs or replacements have a **maximum of \$40 labour** including tax.

All rim repairs that are sublet to another facility have a **maximum markup of 10%**

Repairs to damaged tires are to be patch & plug repairs (no plug only repairs) and are limited to **\$40 per occurrence** including tax. Email or fax receipt for tire repair for re-imbusement.

Details of incident (to be completed by vehicle Owner)

Owner's Signature	Service Representative	First Canadian Authorized
Date	Date	Date