

PTRP Claim Form

Authorization #

Date tireservice@firstcanad						<u>;a</u>			
Owner Inform	ation								
Certificate holder's				Home Teleph	none	Work	Telephone		
Street Address	City		Prov		Postal Code				
				<u> </u>		<u> </u>			
Vehicle Inform Year	Make		Model		Vehicle ID	Number			
leal	IVIANC		Model		Verlicie ID	Number			
Certificate Number F			Purchase Date		Kilometers at Purchase		Kilometers at Claim		
Repair Facility	/								
Dealer Name	Contact Person		Telepho	ne	Fax				
Street Address					City	Prov		Postal Code	1
					<u> </u>				
Claim Informa	tion	RT F	RT LT FRT	RT RI	Ear 🗌	LT REAR			-
] TIRE REPLA	CEMENT] RIM REPAIR				1 REPLACEMENT	1
Original			Original			Origin			
)		— I			
Model				l		— I	Model		_
OIZE Tread datab		/ 32	Size			— I	Size		-
Speed rating		/ 52							-
	Yes	No	Estimate:			Estim	ate.		
Estimate:						Lotin			
Tire (dlr cost) \$			Sublet			—	Rim (dlr cost) \$		
Tire mark up \$			Sublet mark up			—	Rim mark up \$		
			Mnt+ Bal \$	3		-	Mnt+ Bal \$		
Tire Tax \$						—			_
GST + HST \$			GST + HST \$	j			GST + HST \$		
			Total \$	5			Total \$		
			l						
	Email		ed form, signed w					Rim	
A 11	tiro and riv		ervice@firstcanad						
All		•	•	•	-		•		
Λ			up of 30% on	-					
A		•	or replacement						
		•	e sublet to and		•		-		_
•		0	•	1 0 1			• •	d are limited to	:
\$4	o per occ	urrence inclu	uding tax. Ema	ail or fax re	ciept for	r tire repa	air for re-imb	ursement.	
Details of inci	dent (to be	completed b	y Vehicle Owne	er)					;
									(
Owner's Signature			Service Representative			First	First Canadian Authorized		
			Date			Date	<u> </u>		
Date			Duto			Dale	,		