



# Claim Form

Return Claims to:  
Premium Guard  
375 Paramount Dr  
Raynham, MA 02767  
Phone: (800) 225-8636  
Fax: (508) 822-9628

Date: \_\_\_\_\_  
Assigned \_\_\_\_\_  
Claim #: \_\_\_\_\_  
Store #: \_\_\_\_\_

Your Distributor: \_\_\_\_\_

Vehicle Owner Information	Installer Information
Name:	Company Name:
Address:	Contact:
City:	Address:
State:	City:
Zip	State:                      Zip:
Phone:	Phone:

Vehicle Information		
Make:	Model:	Year:
Engine:	Transmission:	Vin Number:

Product Information		
Part Number:	Date Code:	Was part Installed:
Date of Installation:	Date of Failure:	Purchase Location:
Mileage at Installation:	Mileage at Failure:	Quantity:

Claim Information	
Nature of Claim:	
Does the Vehicle Require Repair?	If "YES," give dollar value: \$
YES NO	
Signature of Claimant:	
Date:	

Note: All monetary claims require documentation supporting the costs associated with the claim.