

BMW Tyre Insurance Claim Form



IMPORTANT INFORMATION WHEN MAKING A CLAIM

Incomplete claim forms may cause delay in the assessment of your claim.

You must provide any other details we request that relates to your claim before we will consider any payments.

All costs incurred to submit this claim are the responsibility of the claimant.

Premiums must continue to be paid until a decision has been made on your claim. We have the right to take any instalment you have not paid from any claims payment.

One of our appointed representatives may visit you while you claim. Failure to see them could invalidate or seriously delay your claim.

Please note that this insurance is underwritten by Allianz Insurance PLC who are authorised and regulated by the Financial Services Authority (FSA).

This insurance product is administrated by Mondial Assistance Limited who are authorised and regulated by the Financial Services Authority (FSA). Mondial Assistance (UK) Limited will act as agent for Allianz with respect to claims process.

Please note that all calls are recorded for accuracy and training purposes.

We recommend that you send your claim documents by recorded delivery.

Return your completed claim forms as soon as possible in order for us to progress your claim as quickly as we can. Return forms to Claims Department, BMW Protect Services, PO Box 1852, Croydon, CR9 1PW.

We strongly recommend that you keep copies of your completed claim form and all other supporting documents.

BMW Tyre Insurance Claim Form - Please Complete in Block Capitals

POLICYHOLDER DETAILS (TO BE COMPLETED BY CLAIMANT)

Policy Number	<input type="text"/>		
Title	<input type="text"/>		
Last Name	<input type="text"/>	First Name(s)	<input type="text"/>
Address	<input type="text"/>		
Post Code	<input type="text"/>		
Home Telephone Number	<input type="text"/>		
Mobile Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Would you like to be contacted via email in relation to your claim?	<input type="text"/>		
Date of Birth	<input type="text"/>		
Vehicle Registration	<input type="text"/>	Date of Last MOT (if applicable)	<input type="text"/>
Current Vehicle Mileage	<input type="text"/>	Date of Warranty Expiry (if applicable)	<input type="text"/>
Company Name and Address (if applicable)	<input type="text"/>		
Post Code	<input type="text"/>		

CLAIM DETAILS (TO BE COMPLETED BY CLAIMANT)

Date of Incident	<input type="text"/>		
Location of Incident	<input type="text"/>		
Did you use your Liquid Sealant as a Temporary Repair?	Yes	<input type="text"/>	No <input type="text"/>
NOTE: If you have used your liquid sealant as a temporary repair, please ensure you purchase the replacement sealant from your selling dealer and submit the invoice as part of your claim.			
Please give the name, address and telephone number of your Motor Insurer.			
<input type="text"/>			
Post Code	<input type="text"/>	Telephone Number	<input type="text"/>

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CLAIM DETAILS CONTINUED (TO BE COMPLETED BY CLAIMANT)

Please give a detailed description of the incident.

Was the claim due to malicious damage? Yes No

Was a police report filed?

If yes, please provide police report number.

Name and Address of Police Department dealing with the incident.

Postcode Telephone number

REPAIRER DETAILS (TO BE COMPLETED BY REPAIRER)

Please give repairers name, address and telephone number.

Post Code Telephone Number

Number of Damaged Tyres?

Repair/Replacement Date?

Damaged Tyre Brand

Tyre 1	<input type="checkbox"/>
Tyre 2	<input type="checkbox"/>
Tyre 3	<input type="checkbox"/>
Tyre 4	<input type="checkbox"/>
Tyre 5	<input type="checkbox"/>

Position of Damaged Tyre(s)

Car					Motorcycle	
NSF	OSF	NSR	OSR	Spare	Front	Rear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spot Code of Damaged Tyre(s)

Tyre 1	<input type="checkbox"/>
Tyre 2	<input type="checkbox"/>
Tyre 3	<input type="checkbox"/>
Tyre 4	<input type="checkbox"/>
Tyre 5	<input type="checkbox"/>

Tyre Size/Specification of Damaged Tyre(s)

Tyre 1	<input type="checkbox"/>
Tyre 2	<input type="checkbox"/>
Tyre 3	<input type="checkbox"/>
Tyre 4	<input type="checkbox"/>
Tyre 5	<input type="checkbox"/>

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Tread Depth of Damaged Tyre(s)					Repair or Replace	
Tyre 1	<input style="width: 100%;" type="text"/>				Tyre 1	<input style="width: 100%;" type="text"/>
Tyre 2	<input style="width: 100%;" type="text"/>				Tyre 2	<input style="width: 100%;" type="text"/>
Tyre 3	<input style="width: 100%;" type="text"/>				Tyre 3	<input style="width: 100%;" type="text"/>
Tyre 4	<input style="width: 100%;" type="text"/>				Tyre 4	<input style="width: 100%;" type="text"/>
Tyre 5	<input style="width: 100%;" type="text"/>				Tyre 5	<input style="width: 100%;" type="text"/>
Brand of Replacement Tyre(s) (if applicable)					Tyre Size/Specification of Replacement Tyre(s) (if applicable)	
Tyre 1	<input style="width: 100%;" type="text"/>				Tyre 1	<input style="width: 100%;" type="text"/>
Tyre 2	<input style="width: 100%;" type="text"/>				Tyre 2	<input style="width: 100%;" type="text"/>
Tyre 3	<input style="width: 100%;" type="text"/>				Tyre 3	<input style="width: 100%;" type="text"/>
Tyre 4	<input style="width: 100%;" type="text"/>				Tyre 4	<input style="width: 100%;" type="text"/>
Tyre 5	<input style="width: 100%;" type="text"/>				Tyre 5	<input style="width: 100%;" type="text"/>
Cost of Repair/Replacement Tyre(s)						
Car					Motorcycle	
NSF	OSF	NSR	OSR	Spare	Front	Rear
£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>	£ <input style="width: 50px;" type="text"/>
<small>Please note – the claims limit per repaired tyre is £50.00 and the claims limit per replaced tyre is £300.00 Inclusive of VAT</small>						
Repairer Signature <input style="width: 100%;" type="text"/> Date <input style="width: 100%;" type="text"/>					Repairer Stamp (if applicable) <input style="width: 100%; height: 100%;" type="text"/>	

BMW TYRE INSURANCE CLAIM FORM CHECKLIST

Please check you have included all the requested information.

Have you completed all parts of the claim form? (where applicable) Yes No

Copies of the invoice for repair or replacement. Yes No

APPLICATION DECLARATION (TO BE COMPLETED BY CLAIMANT)

I hereby declare that all information supplied is true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the assessment of my claim. I consent to the seeking of information from any person/organisation as deemed necessary by the insurers to verify the answers provided.

I understand and agree that information regarding my claim may be shared with other parties for fraud prevention purposes, and that I consent to my claim being investigated as part of this process.

DATA PROTECTION ACT 1998 - I hereby consent to any information about me being processed for the purposes of providing insurance and claims handling, which may necessitate the provision of such information to third parties.

Signed

Please print name Date