



AUTOGUARD

SECURING YOUR JOURNEY

Alloy Rims and Tyre Maintenance Plan Benefit Redemption Form

Plan Owners Information

First Name/'s:	Surname:
ID No:	Cell/Telephone Nr:
Email:	Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>

Vehicle Information

Make:	Model:
Reg Nr:	VIN Nr:
Tyre Brand:	Tyre Size:
Alloy Rim: Stock <input type="checkbox"/> Aftermarket <input type="checkbox"/>	Diamond cut: Yes <input type="checkbox"/> No <input type="checkbox"/>

AutoGuard Maintenance Plan Details

Enter Plan Type:	Enter Plan Number:			
Select Service Request Type:				
Wheel Alignment <input type="checkbox"/>	Puncture Repair <input type="checkbox"/>	Tyre Replacement <input type="checkbox"/>	Rim Repair <input type="checkbox"/>	Rim Replacement <input type="checkbox"/>
Select Preferred Service Provider: (For Tyre Related Services)				
TrenTyre Namibia <input type="checkbox"/>		Tiger Wheel and Tyre Namibia <input type="checkbox"/>		Other (Specify) <input type="checkbox"/>
Select Preferred Service Provider: (For Rim Related Services)				
Mag Rim Repairs Namibia <input type="checkbox"/>		Other (Specify) <input type="checkbox"/>		
Enter Location (Town and Suburb) for Service Request		Town:	Suburb:	

Note:

- This is not an insurance product but a redeemable plan on presentation of a valid plan number.
- You will be responsible for the payment of repairs or restoration work completed by the repairer that falls outside the scope of this agreement. Refer to your Maintenance Schedule for Payout % amounts based on remaining tread depth.

Damage Report (Compulsory):

Wheel	Damage Assessment (Please mark on pictures with X)			Remaining tread depth (mm)	Comment: (Provide a description of the damage and cause – E.g. Puncture, pierced by nail.)
	Alloy Rim	Tyre			
Left Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Left Front	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Spare	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Right Front	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Right Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			



Left Back



Left Front



Spare



Right Back



Right Front

.....
Client Signature

.....
Date (DD/MM/YYYY)

.....
Plan Number

FOR OFFICE USE ONLY

I, certify herewith that the above benefit redemption request has been approved for maintenance by the selected Service Provider as per the terms and conditions of the AutoGuard Alloy Rims and Tyre Maintenance Plan agreement.

.....
Administrator Signature

.....
Reference Number

.....
Date (DD/MM/YYYY)