



PDR Service Contract Claim Form

Claimant: Please fill out this claim form in its entirety and return it to Siskin Enterprises, Inc. at the address listed below. Your claim will not be initiated until this claim form is properly submitted. It is recommended that you keep a copy of the form for your records.

INCOMPLETE CLAIM FORMS WILL BE RETURNED FOR COMPLETION

CUSTOMER INFORMATION

Name:
Address:
City:
State: Zip Code:
Country:

Primary Number:
Secondary Number:
Fax:
E-Mail:

To expedite your claim please provide an email address

SERVICE CONTRACT INFORMATION

Service Contract Number:

The contract Number is comprised of the alpha-numeric identifier located at the top right corner of your PermaPlate Service Contract Form.

VEHICLE INFORMATION

Make: Model: Year:
Vehicle Identification Number: Current Mileage:
Date of Purchase: Purchasing Dealership Name:

CLAIM INFORMATION

Specify the location of damage:
Describe the approximate size of the damage:
Was the damage caused by hail? Yes / No / Unknown
If the damage was caused by hail:
• Has a claim been filed with your insurance carrier? Y / N
• Does your comprehensive property damage insurance policy provide coverage for hail? Y / N
If yes, please provide a copy of your in-force insurance card.

\*IN ORDER TO EXPEDITE YOUR CLAIM, PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR SERVICE CONTRACT FORM AND/OR PICTURES OF THE DAMAGE\*

I am aware that Siskin Enterprises, Inc. relies on the information and statements above. I hereby certify that the above statements are complete and accurate to the best of my knowledge. Any fraudulent statements may result in the denial of your claim and future related claims.

Claimant Signature: Date: