

**Product Warranty 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: \_\_\_\_\_

By providing your email address, you agree to receive claim documents electronically.

**WARRANTY INFORMATION**

Warranty Number: \_\_\_\_\_

The Warranty Number is comprised of the alpha-numeric identifier located at the top right corner of your PermaPlate Warranty Registration Form.

**VEHICLE INFORMATION**

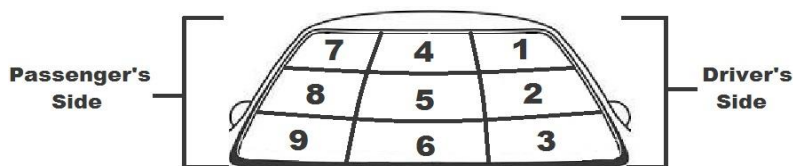
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN: \_\_\_\_\_ Current Mileage: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchasing Dealership: \_\_\_\_\_

**CLAIM INFORMATION**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date you first noticed the damage: \_\_\_\_/\_\_\_\_/\_\_\_\_



Indicate the area(s) of damage based on the figure above: \_\_\_\_\_

(i.e. I have damage to zones 1 and 2)

Describe the damage (i.e. chip, crack, size, etc.): \_\_\_\_\_

**\*IN ORDER TO EXPEDITE YOUR CLAIM, PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR WARRANTY REGISTRATION 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_