



Radiant Ride

Customer Claim Form

Customer Information

First Name _____ Last Name _____

Address* _____

Address Line 2 _____

City* _____ State/Province/Region* _____

Postal/Zip Code* _____ Country* _____

Phone* _____ Work Phone _____

Email* _____

Dealership Name (where you purchased your vehicle)* _____

Warranty Registration Number (only last 6 characters of VIN required)* _____

Vehicle Information

Year* _____ Make* _____ Model* _____

Vehicle Identification Number (VIN)* _____

Claim Information

Claim Type (check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Dent & Ding | <input type="checkbox"/> Leather Rips & Tears |
| <input type="checkbox"/> Paint Touch Up | <input type="checkbox"/> Fabric/Carpet Stain Repair |
| <input type="checkbox"/> Windshield Chips | <input type="checkbox"/> Headlight Restoration |
| <input type="checkbox"/> Cosmetic Wheel Repair | |

When did you notice the damage?

