

Zurich Shield™

APPEARANCE PROTECTION CLAIM FORM

In order to process your claim quickly and efficiently, please fill out all the fields in detail. If you have any questions concerning this form or its requirements please call the Warranty Services Dept. 866.957.3377

Personal Contact Information

Name : _____

Address : _____

City, State, Zip: _____

Phone : _____

Fax : _____

Email : _____

Vehicle Information

Year Model : _____

Vehicle make : _____

Model Type : _____

Exterior Color : _____

Interior Color : _____

Dealership Name : _____

Warranty Registration Information

Prefix : _____

Number : _____

Serial Number : _____

The prefix letter(s) and number are located at the top right corner of your **Customer Registration Form**. Your serial number is the last 6 digits of your VIN number and can be located on your **Customer Registration Form**.

Check All Areas That Are Affected

Paint

Fabric

Vinyl

Leather

Today's Date : _____

Date you first noticed the damage : _____

Describe, in detail, the cause and location on the vehicle, of each damage :

Describe what attempts you have done to remedy the damage :

Mail Form To :

Zurich Shield
C/O Warranty Services
7455 FM 3009 Schertz, Texas 78154

Contact Information :

Fax Forms To : 210.871.7304
E-Mail Forms To : claim@zurichshield.com
Contact dept. : 866.957.3377