



Apperance Protection Claim Form

To help us process your claim quickly and efficiently, please complete all of the fields in detail. If you have any questions concerning this form or its requirements, please call the Warranty Services Department at (800) 707-9292. Print and sign the form and email or fax it to Warranty services using the contact information at the bottom of this page.

Personal Contact Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Dealership Name: _____

Vehicle Information

Model Year: _____

Make: _____

Model: _____

Exterior Color: _____

Interior Color: _____

VIN (17 characters): _____

Repair Order #: _____

Check all areas affected

- Paint
 Fabric
 Leather
 Vinyl
 Undercoat
 Rust
 Windsheild
 Dent

Today's Date: _____

Date you first noticed the damage: _____

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

Describe what actions you have taken to remedy the damage:

I hereby agree that all information entered on this form is correct and accurate to the best of my knowledge. I understand that any inaccurate information entered on this form could affect the outcome of the claim, including denial of coverage.

Warranty Holder's Signature: _____

Date: _____

Contact Information:		
Fax: (210) 568-6400	Email: claims@ctpc.com	Phone: (800) 707-9292