



# LEX International Claim Form

## Customer Information

Name:	Address:
Primary Phone:	City:
Secondary Phone:	State:
Email Address:	Zip Code:

## Dealer Information

Dealer Name:	Address:
Dealer Phone:	City:
Sales Person:	State:
	Zip Code:

## Vehicle Information

LEX Warranty #:	Exterior Color:
VIN #:	Interior Color:
Vehicle Make:	In Service Date (date acquired):
Model:	In Service Mileage (upon purchase):
Mileage:	

### Claim Description (use additional paper is necessary)

To expedite the warranty claim process, please provide as many details as possible, including such items as occurrence time, date, weather, etc.

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## Instructions

- 1) Complete the form above.
- 2) Attach a copy of the Warranty Application Form to this form.
- 3) Mail completed form and receipt to:  
Appearance Protection Plan Administrator  
PO Box 634  
Shawnee Mission, KS 66201  
(866) 838-1120

### For Office Use Only:

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