

CLAIM ADJUSTMENT FORM (O.E.)

MUST BE PROVIDED ALL REQUIRED FIELD IN ORDER TO PROCESS CLAIM

NEXEN TIRE CORPORATION

30 Yusan-Dong, Yang San Si, Kyung Sang Nam-Do, Korea

Zip Code: 626-230 Tel: 82-55-370-5180~7 Fax: 82-55-370-5189 www.nexentire.com

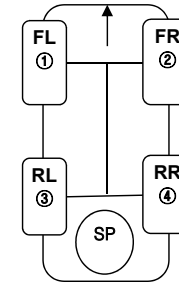
① Date:
yyyy-mm-dd

② Car Dealer Information

Name	
Full Address	

③ Customer Information

Name		Phone #		Email	
Full Address					



④ Vehicle Information

Model		Year		FR	FL	RR	RL
VIN		*Mileage		Air-Press.			

⑤ Claim Information

No	PTTN	SIZE	PR	D.O.T.#	PLANT CODE	R.T.D.	REASON FOR FAILURE	JUDGE	R.T.D.(%)	CREDIT
1										
2										
3										
4										
5										
6										
7										
8										
TOTAL CREDIT										

** PTTN: Tire Model Name, If you put "NEXEN" on PTTN, we do not process the claim

** DOT: 4 DIGITS NUMBERS.

** PLANT CODE: 8E(made by YANGSAN Plant), JJ(made by QINGDAO Plant) UA(made b CHANGNYEONG Plant)

** R.T.D: Remaining Tread Depth.

I hereby certify that the above described goods was sold in NEW/UNUSED condition to the OWNER-USER above mentioned and that all the foregoing statement are correct. Having discussed this adjustment claim in detail with the OWNER-USER, I am convinced that goods claimed for adjustment was not involved in a motor vehicle accident.

⑥ To be signed by inspector
inspector's
full name _____

OFFICE USE ONLY

Claim Number: _____
Approved Date: _____
Checked by: _____
Approved by: _____

Note: Tires must be kept for 90 days or until you are received the adjustment results from NEXEN.