

# CLAIM ADJUSTMENT FORM (R.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 Applicant

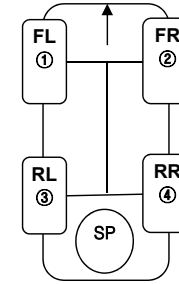
Name		Phone #		Email	
Full Address					

③ Dealer/Retail Shop ( Check if you are beneficiary) ( Same as Applicant)

Name		Phone #		Email	
Full Address					

Customer ( Check if you are beneficiary) ( Same as Applicant)

Name		Phone #		Email	
Full Address					



Vehicle Information

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

⑥ 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										
<b>TOTAL CREDIT</b>										

\*\* 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.

OFFICE USE ONLY

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.

⑦ To be signed by inspector  
 inspector's  
 full name \_\_\_\_\_

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.