

Vibration Claim Check sheet



Nexen Tire America Inc.
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Phone: 800-576-3936
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Driving Tomorrow

YOUR Return NO.

DATE

END USER / VEHICLE OWNERS INFORMATION				TIRE SHOP / DEALER'S INFORMATION				DISTRIBUTOR'S INFORMATION			
END USER / VEHICLE OWNER				ASSOCIATE/SUB-DEALER NAME				DISTRIBUTOR			
ADDRESS				ADDRESS				ADDRESS			
CITY	STATE	ZIP		CITY	STATE	ZIP		CITY	STATE	ZIP	
PHONE		E-MAIL		PHONE	FAX	E-MAIL		PHONE	FAX	E-MAIL	

Return Information

NO.	TIRE INFORMATION									VEHICLE INFORMATION					
	BRAND	PATTERN	SIZE	PR	F Code	DOT # (6 Digit)	R.T.D	BAR CODE # (10 Digit)	DESCRIPTION OF FAILURE	Starting mileage	Ending mileage	Mounting Location	Model	Year	VIN #
1															
2															
3															
4															

NO.	WHEEL INFORMATION		Road Force (N)		
	Rim Size (e.g 17X7J)	RMKS (Check for rim tuning or)	before tire balancing	After tire balancing	RMKS
1					
2					
3					
4					

- Note 1) Submit Return adjustment form with DOT cut & clear photos to show failure and full tread area from shoulder to shoulder.
2) Must fill in ALL vehicle information for ALL Ride Disturbance (Out of Round, Out of Balance, Radial Pull) and Rapid wear Returns.
3) PR: Ply Rating, F.Code: Factory Code (18E, 1J, 1UA, 035), R.T.D.: Remaining Tread Depth(REQUIRED FOR ALL Returns), VIN#: Vehicle Identification Number
4) Please keep physical tires until feedback from Nexen Tire Warranty Dept is received in case of discrepancy.
5) Please provide starting & ending mileage and mounting location for All Returns

Vibration Experience Check List

The purpose of this survey is to better understand the vibrations experienced

By gathering feedback, we aim to efficiently identify the potential causes of these vibrations.

Your responses will help us pinpoint specific areas of the vehicle that may require attention, allowing us to enhance your driving experience and improve vehicle performance.

Item	Question	Vibration Experience
1	Is vibration noticed through steering wheel or through seats/foor?	Steering wheel <input type="checkbox"/> Seat/floor <input type="checkbox"/> Not Sure <input type="checkbox"/>
2	What recent changes have been made to vehicle?	Tire(installation, rotation, air pressure, balancing and etc) <input type="checkbox"/> Wheels(installation and etc) <input type="checkbox"/> Vehide service(Brake Service, Align/Suspension and etc) <input type="checkbox"/> Accident(Tire or wheel impact and etc) <input type="checkbox"/> Driving after long-term parking (over 2 weeks) <input type="checkbox"/> ETC(please specify) : <input type="checkbox"/>
3	At what speed/ when do you typically notice vibrations in your vehicle?	when Idle <input type="checkbox"/> when starting <input type="checkbox"/> at Low Speed (5~20mph) <input type="checkbox"/> when Accelerating (20~65mph) <input type="checkbox"/> at High Speed (65>mph) <input type="checkbox"/> when turning <input type="checkbox"/> when Braking <input type="checkbox"/>
4	Whether the vehicle vibration is accompanied by noise?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to item 4 is yes, please provide additional information.		
4.1)	If noise occurs, what type of noise is it	Whining <input type="checkbox"/> Clicking <input type="checkbox"/> Metallic sound <input type="checkbox"/> Rattling <input type="checkbox"/> Other(please specify) :
4.2)	Does the noise get louder at certain speeds?	YES(please specify) : NO <input type="checkbox"/>
4.3)	When does the noise occur?	During acceleration <input type="checkbox"/> During deceleration <input type="checkbox"/> While turning <input type="checkbox"/> Other(please specify) :

Please provide any additional comments related to vibration :