

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 Applicant

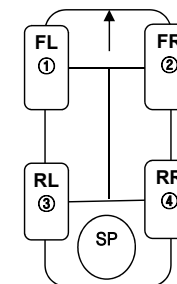
Name	<input type="text"/>	Phone #	<input type="text"/>	Email	<input type="text"/>
Full Address	<input type="text"/>				

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

Name	<input type="text"/>	Phone #	<input type="text"/>	Email	<input type="text"/>
Full Address	<input type="text"/>				

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

Name	<input type="text"/>	Phone #	<input type="text"/>	Email	<input type="text"/>
Full Address	<input type="text"/>				



Vehicle Information

Model	<input type="text"/>	Year	<input type="text"/>	FR	FL	RR	RL
VIN	<input type="text"/>	*Mileage	<input type="text"/>	Air-Press.	<input type="text"/>	<input type="text"/>	<input type="text"/>

⑥ Claim Information

NO	PTTN	SKU#	SIZE	PR	D.O.T.#	PLANT CODE	R.T.D.	REASON FOR FAILURE	JUDGE	R.T.D.(%)	CREDIT
1											
2											
3											
4											
5											

** 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.

TOTAL CREDIT

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.