CLAIM/ADJUSTMENT FORM

KUMHO TIRE U.S.A., INC.
WARRANTY DEPARTMENT

KUMHO TIRES

ORIGINAL

10299 6TH STREET
RANCHO CUCAMONGA, CA 91730
TEL : (800) 445-8646
FAX: (800) 525-8646

YOUR CLAIM NO. :

DISTRIBUTOR CODE:

DATE : / /

OWNER/CUSTOMER'S INFORMATION	ASSOCIATE/SUB-DEALER'S INFORMATION	DISTRIBUTOR'S INFORMATION
NAME OF OWNER	ASSOCIATE/SUB-DEALER NAME	DISTRIBUTOR
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
TEL	CONTACT NAME TEL FAX	TEL

CLAIM INFORMATION

			TIRE INFORMATION						VEHICLE INFORMATION	KUMHO USE ONLY
	BRAND	PATTERN	SIZE	PR	DOT NUMBER	R.T.D. (32/nds)	DESCRIPTION OF FAILURE	TOTAL MILEAGE RECEIVED	YEAR/MAKE/MODEL	COMMENTS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

NOTE PLEASE SUBMIT ORIGINAL CLAIM FORM AND ATTACH ALL TIRE MILEAGE RECORDS, SERVICE RECORDS, UNIFORMITY MEASURMENT READINGS AND ANY OTHER SUPPORTING DOCUMENTS THAT COINCIDE WITH THE ADJUSTMENTS ON THIS CLAIM FORM WHEN SUBMITTING TO KUMHO TIRE U.S.A., INC. TIRES MUST BE HELD UP TO 30 DAYS FROM DATE OF KUMHO TIRE U.S.A. INC.'S RECEIPT OR UNTIL INSPECTION SHIPTMENT OR D.O.T NUMBERS OF THESE TIRES ARE REQUESTED. UNAVAILABLE TIRES WILL NOT BE ISSUED ADJUSTMENT CREDIT.

Place of Inspection:

CUSTOMER/DEALER SIGNATURE: PLEASE READ AND SIGN THIS STATEMENT	Owner / Customer's Signature:
I certify that the foregoing statements are correct, that I am the original purchaser or authorized person/dealer of the product present for adjustment, and that the product described was not involved in any accident and / or property damage. I accept the adjustment in lieu of all further claims. I understand that the product(s) returned for replacement or adjustment consideration become the property of Kumho Tire U.S.A., Inc.	Distributor/Associate/Sub-Dealer's Signature:

Inspected by:

Date:

OF PAGES