



TIRE CLAIM APPLICATION FORM

Dealer Information		Tire Information	
Company Name		Size	
Address (State,Country)		Ply Rate (Star)	
		Pattern Design	
Contact Person		Remaining Tread depth	
Telephone No.		Tire Serial Number	
E-mail		DOT Number	
Claim Date		Tire Service hours	
TWI	WAS#	Circle one Brand	DELINTE LANDSAIL
Whole Tire Picture		Defective Position Picture	
Tire Serial No. Picture		Tire Failure Description and Analysis	
		<p>Vehicle type:</p> <p>Working Environment/Road Conditions:</p> <p>Failure Description & Analysis:</p>	

Notice: Please fill this table completely for our correct evaluation on the failure tire

