

FORM CL01(RA/NA)

CLAIM FORM - PASSENGER AND LIGHT TRUCK TIRES

①
DATE OF CLAIM:

CLAIM ID:

RETAILER INFORMATION	
RETAILER NAME ②	
ADDRESS	
CITY	
STATE	
ZIPCODE	

OWNER INFORMATION		
OWNER NAME ③		
ADDRESS		
CITY	STATE	ZIPCODE
OWNERS DECLARATION <small>I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING STATEMENTS ARE CORRECT, THAT I AM THE OWNER OF THE PRODUCT(S) PRESENTED FOR CLAIM AND THAT THE PRODUCT(S) DESCRIBED WAS (WERE) NOT INVOLVED IN ANY ACCIDENT, PERSONAL INJURY, CONSEQUENTIAL DAMAGE OR OTHER LOSS. I ACCEPT THIS ADJUSTMENT IN LIEU OF ALL FURTHER CLAIMS. I UNDERSTAND THAT THE PRODUCT(S) RETURNED FOR REPLACEMENT BECOME THE PROPERTY OF OMNI UNITED. I FURTHER CERTIFY THAT THE CONDITION OF THE PRODUCT(S) FOR WHICH THIS CLAIM IS SUBMITTED IS NOT COVERED BY ANY OTHER MILEAGE, ROAD HAZARD, OR OTHER WARRANTY OR PROTECTION PLAN PURCHASED FROM OR PROVIDED BY THE SELLING RETAILER AT THE TIME OF, OR SUBSEQUENT TO, ORIGINAL PURCHASE.</small>		
OWNER SIGNATURE		DATE

VEHICLE INFORMATION													
YEAR ④	MAKE					MODEL				SPLIT FITMENT YES/NO			
VIN (VEHICLE IDENTIFICATION NUMBER) ⑤													

TIRE INFORMATION			
BRAND AND PATTERN ⑥	SIZE ⑥	TIRE MILEAGE AT THE TIME OF REMOVAL ⑦	MILES/KM
DATE OF PURCHASE (AS GIVEN ON PROOF OF PURCHASE) ⑧	DATE OF REMOVAL ⑨		

REPLACEMENT TIRES PROVIDED		
INVOICE NUMBER ⑩	BRAND AND PATTERN ⑩	SIZE ⑩

WARRANTY RETURN INFORMATION				
⑪ TYPE OF CLAIM	<input type="checkbox"/> WORKMANSHIP & MATERIALS <input type="checkbox"/> RIDE VIBRATION <input type="checkbox"/> TREADWEAR <input type="checkbox"/> ROAD HAZARD <input type="checkbox"/> 30-DAY SATISFACTION			
LINE	⑫ DOT NUMBER OF REMOVED TIRE	⑬ TREAD DEPTH AT THE TIME OF REMOVAL (mm/32")	⑭ WHEEL POSITION	⑮ REASON FOR RETURN/REMOVAL
1				
2				
3				
4				
5				
6				

RETAILER CERTIFICATION	
<small>I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE FOREGOING STATEMENTS ARE CORRECT. I FURTHER CERTIFY THAT THE CONDITION OF THE PRODUCT(S) FOR WHICH THIS CLAIM IS SUBMITTED IS NOT COVERED BY ANY OTHER MILEAGE, ROAD HAZARD, OR OTHER WARRANTY OR PROTECTION PLAN PURCHASED FROM OR PROVIDED BY THE SELLING RETAILER AT THE TIME OF, OR SUBSEQUENT TO, ORIGINAL PURCHASE. I FURTHER UNDERSTAND THAT SHOULD OMNI UNITED LEARN OF ANY OTHER WARRANTY OR PROTECTION PLAN BEING APPLICABLE, IT WILL, AT ITS SOLE DISCRETION, REJECT THIS CLAIM OR CHARGE BACK ANY AND ALL CREDITS RESULTING FROM THE PROCESSING OF THIS CLAIM.</small>	
RETAILER'S SIGNATURE ⑯	DATE



HOW TO COMPLETE THE CLAIM FORM

Using this single multi-purpose claim form you can file a claim for any of the below Radar limited warranties. However, before you submit any limited warranty claim please ensure that you accurately fill out this form and provide all mandatory information that we have detailed in the checklist. Failure to complete all of this information may result in a denied claim.

TYPE OF CLAIMS COVERED

1. **Workmanship & Material Limited Warranty** – Claims for tires from any manufacturing defects.
2. **Ride/vibration** – Claims for balancing/vibration/out-of-round related issues.
3. **Treadwear Limited Warranty** - Claims for tires that did not deliver the warranted mileage.
4. **Road Hazard Limited Warranty** – Claims arising from non-repairable damage caused by cut, snag, puncture, bruise or impact break.
5. **30-Day Satisfaction Guarantee** – Claims arising from any reason other than the above.

NOTE: Prior to filing a claim, please refer to the inclusions/exclusion mentioned in the Warranty Service Booklet to make sure that the tire(s) is eligible for a claim.

CHECKLIST FOR SUBMITTING A CLAIM

Failure to complete all of this information may result in a denied claim. Incomplete/illegible claims will be returned back for completing which will cause a delay in the outcome of the claim. All of the below listed are mandatory except where mentioned.

1. Proof of purchase (original invoice)
2. Retailer's proof of purchase from the wholesalers (**Applicable only to 30-Day Satisfaction Guarantee**)
3. **Tire Installation Form(Form IN01-(RA/NA))** (filled up by the retailer at the time of purchase)
4. **Tire Mounting and Rotation Service Record(Form RR01-(RA/NA))** (proof that tires have been rotated every 5,000-6,000 miles/8,000-10,000 Km (**not applicable for the 30-Day Guarantee**))
5. Completed **Radar Claim Form(Form CL01-(RA/NA))** accompanied with the below for the tires whose claim is being made:
 - I. Photos of the DOT number
 - II. Photos of the Bar code
 - III. Photos of the tread
 - IV. Photos of the full sidewall showing the brand name, pattern name and size.
 - V. Photos showing the defect (**Applicable only to Workmanship & Material Limited Warranty**)
 - VI. Photos showing the remaining usable tread depth with a tread depth gauge (**Applicable to Workmanship & Material/Road Hazard/30-Day Satisfaction guarantee only**)
 - VII. Photos showing the damage (**Applicable to Road Hazard Limited Warranty only**)

- VIII. Photos showing that the tread has been used up to the built-in Tread Wear Indicators **(Applicable to Treadwear Limited Warranty only)**
 - IX. Photos showing the tire balancing reading **(Applicable to Ride vibration related claims only)**
 - X. Photos of the DOT number cut-out from the tire. This is required from a safety perspective to ensure that the damaged/defective/worn-out tire has been put out of service. **(Not applicable for the 30-Day Replacement Guarantee)**
6. Reason for making the claim must be mentioned on the claim form.

FILLING THE CLAIM FROM

Fill in the information specified for each item. Failure to complete all of this information may result in a denied claim.

1. **Date of Claim** – Date of adjustment transaction.
2. **Retailer Information** – Tire Retailer responsible for providing warranty service to the consumer (where the replacement transaction occurred). Name, address, zip code of the retailer.
3. **Owner Information** – Name, address, zip code and signature of the tire owner making the claim.
4. **Vehicle Information** – Year, make and model of the vehicle from which tire was removed. If the vehicle has split fitments (different front and rear tire size), indicate YES under “Split Fitment” and make sure you include the wheel position under number **14 below(front left, front right, rear left and rear right)**. Failure to complete this information could result in denial of claim.
5. **VIN** – 17-digit Vehicle Identification Number.
6. **Tire Information** – Mention the tire brand and pattern(range) and size with load and speed index.
7. **Removed Tire Mileage** – Mileage provided by the tire being removed. This is the difference between the odometer reading when the tire was installed and the odometer reading when the tire was removed.
8. **Date of Purchase** – Original date of purchase for the tire being removed.
9. **Date of removal** – Date the tires was removed
10. **Replacement Tires provided** - Tire Invoice Number – The retailer’s invoice number (retail ticket, transaction, work order, etc.) for the sale of replacement tire, its brand name, pattern name and size.
11. **Type of Claim** – Please tick the type claim being made. You can refer to the **types of claim covered** for complete descriptions of all claim types.
12. **DOT Number of Tire Removed** – Write in the complete DOT number for each tire removed.
13. **Tread Depth** – Refers to the tread depth remaining at the time of removal on the tires being claimed.
14. **Wheel Position** – Refers to the axle position of tire being removed. E.g. front left, front right, rear left, rear right.
15. **Reason for Removal/Return** – Briefly describe why tire was removed from service/reason for making the claim.
16. **Retailer Certification** – Signature of the retailer providing warranty service.

For any additional assistance you can contact us via email at claims@omni-united.com or call our toll free number **1-855-906-6646** (Business Hrs 0900 - 1700 EST, Monday – Friday)

NOTE: In most cases, the retailer will be assisting the consumer to fill up the form. The retailer handling the adjustment is responsible for filling out the Warranty Claim Form properly and obtaining the consumer's signature and all the required proofs.

The warranty claim form is the document used to process a consumer's warranty claim. In order for Omni to provide credit to our authorized retailers, accurate completion of the warranty claim form is essential. Inaccurate or incomplete claim forms cannot be processed. In the event that Omni is unable to verify consumer information indicated on any claim forms submitted, credit for the adjustments will not be issued. If credit has already been issued when the discrepancy is discovered, the credit will be reversed. In addition, abuse of the warranty program may result in reversal of credits and/or termination of the authorized retailer-ship agreement.