



MOTORCYCLE TIRE SAFETY RECALL REIMBURSEMENT REQUEST FORM

Instructions for filing a Continental Tire the Americas, LLC (CTA) / Continental Tire Canada (CTC) Reimbursement Request

This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTA/CTC Tire Safety Recall Program. The tires included in the CTA/CTC Tire Safety Recall Program are:

- 120/70R17 M/C 58H TL ContiAttack SM DOT: CP8B BXM3 1011 Thru CP8B BXM9 2614
- 120/70ZR17 M/C (58W) TL ContiSportAttack DOT: CP8B B5MV 1008 Thru CP8B B5MV 2614
- 120/70ZR17 M/C (58W) TL ContiSportAttack 2 DOT: CP8B B5M4 4811 Thru CP8B B5M4 2614
- 120/70ZR17 M/C 58W TL ContiRaceAttack Comp. Soft DOT: CP8B B5M1 1907 Thru CP8B B5M1 2614
- 120/70ZR17 M/C 58W TL ContiRaceAttack Comp. Medium DOT: CP8B B5M1 2307 Thru CP8B B5M1 2614
- 120/70ZR17 M/C (58W) TL ContiRaceAttack Comp. Endurance DOT: CP8B 918B 3011 Thru CP8B 2614
- 120/70ZR17 M/C (58W) TL ContiRoadAttack 2 GTW DOT: CP8B 91E9 2513 Thru CP8B 91E9 2614

Consumer Information *Please print clearly* File# _____ (CTA Use Only) _____

Consumer Name: _____

Address: _____

City: _____ State/Prov. _____ Zip code/ Postal Code _____

Daytime Phone (optional) (_____) _____ Email Address: _____

If You Replaced the Affected Continental Tire Before You Received the Recall Notice

- This reimbursement will only apply if the recalled tire was replaced due to the condition described in your notification letter.
- By March 31, 2015 you must complete this form and submit it to CTA/CTC with the following documents:
 - For Replacement tires:
 - A copy of the receipt showing the purchase of the recalled tire(s)
 - A copy of the receipt showing the purchase of a replacement tire(s)
 - For Original Equipment tires:
 - Proof of having owned an affected Continental tire which was installed as Original Equipment (insert vehicle information listed below)
 - A copy of the receipt showing the purchase of a replacement tire

Vehicle Information: Model Year: _____ Make: _____

VIN # _____

If You Replaced the Affected Continental Tire After You Received the Recall Notice

- This reimbursement will only apply if there is no suitable Continental replacement tire available and CTA/CTC Customer Relations has authorized using a competitor tire for replacement.
- In this case, you must complete this form and submit it to CTA/CTC **AND**:
 - For Replacement tires, you must satisfy **ALL** of the following conditions
 - You or your dealer must return the recalled tire to CTA/CTC using the prepaid shipping label provided by CTA



- Submit a copy of the receipt showing the purchase of a competitor's replacement tire(s)
- For Original Equipment tires, you must satisfy ALL of the following conditions
 - You or your dealer are to return the recalled tire to CTA/CTC using the prepaid shipping label provided by CTA
 - Submit proof of having owned an affected Continental Tire which was installed as Original Equipment (insert vehicle information listed below)
 - Submit a copy of the receipt showing the purchase of a replacement tire

Vehicle Information: Model Year: _____ Make: _____
VIN # _____

If you do not satisfy these conditions before March 31, 2015, CTA/CTC will pay you a pro-rated portion based on the percentage of useable tread remaining on the recall tire.

If you have any questions, please contact CTA/CTC at **1-888-799-2168**.

Please allow up to 60 days for processing

My signature below certifies that the information contained in and submitted with this Reimbursement Request Form is true and accurate.

Signature _____ Date _____

Mail or Fax Completed Form and Other Required Documents:

Continental Tire the Americas, LLC -- Customer Relations

Attn: Safety Tire Recall Program

1830 MacMillan Park Drive

Fort Mill, SC 29707

1-888-799-2168 (phone)

1-888-847-3329 (fax)

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