



## **IMPORTANT SAFETY RECALL**

This notice applies to Achilles Desert Hawk A/P tires, size LT215/85 R16 115/112R 10PR.

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

Date: December 11, 2018

Dear Valued Multistrada / Achilles Tires USA Customer,

### **REASON FOR NOTICE**

PT. Multistrada Arah Sarana, Tbk ("Multistrada"), through our United States subsidiary, Achilles Tires USA, has decided that certain Achilles Tires USA brand Desert Hawk A/P LT tires manufactured from May 8, 2015, to September 5, 2018, fail to conform to the requirements of Federal Motor Vehicle Safety Standard (FMVSS) No. 139, "New Pneumatic radial Tires for Light Vehicles." The subject tire may exhibit lower sidewall separation.

The tires may experience a loss of inflation pressure, increasing the risk of a crash.

### **WHAT SHOULD YOU DO**

You should contact Multistrada through our United States subsidiary, Achilles Tires USA, at (949) 445-1370 or by email at [achillescare@multistrada.co.id](mailto:achillescare@multistrada.co.id).

In the meantime, you should stop operation of any vehicle that is equipped with the Achilles Desert Hawk A/P tires, size LT215/85 R16 115/112R 10PR until this noncompliance is remedied through either replacement tires or reimbursement.

### **WHAT WE WILL DO**

Achilles Tires USA will replace the subject tires with replacement tires that have a sidewall and apex bead compound process that follows a standing time standard to prevent sidewall separation between the ply and sidewall. Achilles Tires USA will remedy the defect without charge and at no cost to the customer. If customers choose, Achilles Tires USA will refund the customer the purchase price of the subject tires instead of providing replacement tires. Replacement tires will be available on February 1, 2019.

### **REIMBURSEMENT**

If you have already paid to address the condition covered by this recall, you may be eligible to have those costs reimbursed. Requests for reimbursement may include parts, labor, fees and taxes; however, it may not include any expense or inconvenience you may have suffered due to the loss of use of your vehicle. Reimbursement may be limited to the replacement or refund cost.

To be eligible for reimbursement:

- You must have had the tire replaced before receiving this notice

**Achilles Tires USA, Inc.** 15791 Rockfield Boulevard, Suite B, Irvine, CA 92618 Ph +1 (949) 445-1370

[www.achillestiresusa.com](http://www.achillestiresusa.com)



- You must have owned the vehicle at the time of replacement. You are still eligible if you no longer own the vehicle.

Your claim will be acted upon within 60 days of receipt. If your claim is:

- Approved – you will receive a check
- Denied – you will receive a letter with the reason(s) for denial
- Incomplete – you will receive a letter identifying the required documentation needed to complete the claim and be offered the opportunity to resubmit the claim when the missing documentation is available.

To file a claim for reimbursement please contact Achilles Tires USA at (949) 445-1370 or by email at [achillescare@multistrada.co.id](mailto:achillescare@multistrada.co.id).

- Name
- Address
- Email
- Phone Number
- Tire Identification Number
- Date of Replacement
- Requested Reimbursement Amount

The following documentation must be submitted with this form. Original or clear copy of all receipts, invoices and/or repair orders showing:

- Name and Address of the person who paid for the replacement
- The Tire Vehicle Identification Number
- The total cost of the replacement expense that is being claimed
- Payment for the replacement in question and the date of the payment

Failure to include proper documentation can delay your reimbursement. Alternatively, you may fill out the Claim Form enclosed in this notice and submit the required documentation by mail to the address listed in the Contact Information section below. If you have questions, please call Achilles Tires USA at (949) 445-1370.

### **CONTACT INFORMATION**

If you have any questions regarding this matter you can visit our website at <http://www.achillestiresusa.com> or contact us at (949) 445-1370.

If you have any problems obtaining a replacement tire or refund, or believe that this replacement or refund has not been made within a reasonable time, you may contact us at (949) 445-1370, by email at [achillescare@multistrada.co.id](mailto:achillescare@multistrada.co.id) or

Achilles Tires USA  
15791 Rockfield Boulevard  
Suite B  
Irvine, CA 92618

If, after contacting Achilles Tires USA, you still have a problem getting replacement tires or refund after February 1, 2019 and/or without charge, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., SE., Washington DC 20590; or call the toll-free Vehicle Safety Hotline at 1-888-327-

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4236 (TTY: 1-800-424-9153); or go to <http://www.safecar.gov>.

If you are a vehicle lessor, Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.

Your continued satisfaction with Multistrada and Achilles Tires USA is important to us. Please understand that we have taken this action in the interest of your safety and your vehicle's proper operation. We regret any inconvenience that this action may cause you.

Sincerely,

Multistrada / Achilles Tires USA



## Customer Reimbursement Claim Form

This section to be completed by the claimant

Date Claim Submitted: \_\_\_\_\_

Tire Identification Number: \_\_\_\_\_

Date of Repair: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Street Address or PO Box Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Claimant Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Amount of Reimbursement Requested: \_\_\_\_\_

The following documentation must be submitted with this form. Original or clear copy of all receipts, invoices and/or repair orders showing:

- Name and Address of the person who paid for the replacement
- The Tire Identification Number
- The total cost of the replacement expense that is being claimed
- Payment for the replacement in question and the date of the payment

By signing this document, you attest that the information provided on this form and all attached documents are genuine and that you request reimbursement for the expense incurred for the repair covered by this letter.

Claimant's Signature: \_\_\_\_\_

Please mail this claim form and the required documents to:

Achilles Tires USA  
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