



# WARRANTY CLAIM FORM

**THIS FORM MUST BE COMPLETED IN FULL PRIOR TO ANY WARRANTY BEING PROCESSED**

NAME OF CLAIMANT

CONTACT DETAILS OF CLAIMANT

DESCRIPTION OR NAME OF PART

DATE PART PURCHASED  /  /

INVOICE NUMBER

COPY OF INVOICE ATTACHED? YES  NO

DATE WHEN PART WAS FITTED  /  /

ODOMETER READING WHEN PART WAS FITTED  kms

WHO FITTED PART?

PRIVATE/PERSONAL

WORKSHOP/BUSINESS

PRIVATE/PERSONAL	WORKSHOP/BUSINESS
<input type="text"/>	<input type="text"/>
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DESCRIPTION OF PROBLEM

ANY BUSINESS DOCUMENTATION OR PERSONS THAT HAVE INSPECTED THE PART AND HAVE DEEMED FAILURE DUE TO MANUFACTURE?

WHERE IS PART NOW?

CAN THE PART BE RETURNED? YES  NO

CAN THE PART BE INSPECTED? YES  NO

PART MAY BE NEED TO BE RETURNED FOR INSPECTION - CAN THIS BE ARRANGED? YES  NO