Warranty Claim Form

CUSTOMER INFORMATION





In order to process your warranty claim, we require filling in the form below and attach it to the part(s) affected.

Name							En	nail							
Contact person							Pho num	one ber							_
VEHICLE INFORM	ATION														
Brand 					_		Engine								
Model					License plate										
Chassis					_	Usage Private Profes						e ssional			
PART INFORMATI	ON														
Reference								,	Vehic	le kilo	оте	ters			
Date of initio	al assembly														
Date of a	lisassembly														
Traceability	L				0					0					
Explanation of wh	nat happene	ed / Fai	lure sy	mptom	ıs		1		,		l		_		
Documents to pro	ovide:											ıR D	AÑO		
Ref. doc.1. First intervention invoice copy (will all the information)										х		X			
Ref. doc.2. Copy of part delivery note to repairshop, for the first intervention												\top	х		
Ref. doc.3. Copy of vehicle technical datasheet.											х		х		
Ref. doc.4. Est	· -				oice	сору	(will all	the inf	ormatic	n)		十	x		
Ref. doc.5. Co							•			-		\top	x		
	Ref. doc.6. Copy of delivery notes of all replaced parts in the second repair.											\top	х		

Any picture or video that could ease explanation of the claim is welcome