

Warranty Claim Form



Each part being claimed for under warranty MUST have its own form.

Please complete this form in FULL failure to do so will delay the process of your claim

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Account Number:			Cus	Customer Name:						
Invoice Number:							Invoice Date:			
End user Name & Contact Details										
Telephone Number										
Vehicle Reg: Ma		ke	Model		Year	Fuel Type	CC	KW	HP	
Part Number		Batch Code		F	Fault Details Faulty/Noisy/Bad Fit WILL NOT be accepted			Fitted to OE or other make		
Installer Name Date Fitt			Fitted	ted Date Replaced Com			ents			
Please provide a copy of all reports and checks carried out in support of your claim										

N.B: Ensure parts being sent have been labelled clearly with fault and part number, and who they are from.

A little more thought and a few more vehicle detail checks before ordering will reduce warranties and returns by 95%