

WARRANTY RETURN FORM

This field needs to be filled in for us to process your return!

RETURNS No.

PLEASE FILL IN ALL FIELDS OF THIS FORM, FAILURE TO PROVIDE A SUFFICIENT DESCRIPTION OF THE FAULT/DAMAGE TO THE PART MAY RESULT IN YOUR CLAIM BEING DELAYED OR REJECTED AND PART BEING RETURNED TO YOU

NOTICE

PHOTOS AND VIDEOS SHOWING FAULT/DAMAGE TO PART ARE REQUIRED FOR US TO PROCESS YOUR CLAIM.

DATE:

CUSTOMER DETAIL

NAME:

ADDRESS

ACCOUNT NUMBER

TEL NUMBER

VEHICLE DETAIL

REG. NUMBER:

MAKE:

MODEL:

CHASSIS NUMBER

ENGINE NO:

ORDER DETAILS

SALES ORDER NUMBER:

INVOICE DATE:

INVOICE NUMBER:

VEHICLE YEAR:

ENGINE SIZE:

DATE FITTED:

DATE FAILED:

PART DETAILS

PART NUMBER:

SERIAL NUMBER OF PART:

MILEAGE BEFORE FITMENT:

MILEAGE FAILED:

MONTHS USED:

MILEAGE USED:

FAULT TYPE

DETAILED DESCRIPTION OF FAULT

This field is required to be filled in if a diagnostic tool was used to determine if part is faulty!

NAME OF DIAGNOSTIC TOOL USED:

DIAGNOSTICS TEST RESULTS/ FAILURE CODES:

<u>ANY OTHER DETAILS WE SHOULD KNOW:</u>
(How would you like this to be resolved. Replacement / Refund?)