

Claim Form

Applicant details:

Company:

Claim No:

Contact:

Date:

Article Data:

Article Number:

Quantity:

Marking / Batch No:

Purchase Date/ Invoice number

Vehicle Data:

Make:

Model:

Year of Manufacture:

Chassis Number:

Complaint Details

Installation

Deinstallation

Date:

Mileage:

Name of repair shop:

Description of defect:

Considered Installation guide:

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Sent for evaluation:

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Complaint justified:

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Yes

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No

Explanation

Signature and stamp of the applicant

Date, Stamp and signature
