

Claim Form



product part number:	
invoice/order number:	

Vehicle Data	
brand and model:	
VIN number:	
manufactured year:	
engine code:	
odometer:	
distance driven with defective part:	

installation type *:	- authorized service - unauthorized service - self installation
defect description:	
actions carried out so far to rectificate defect:	

* mark an option

Date:

Signature: