

### Applicant

Customer No. <b>D</b>	<input type="text"/>
Company name:	<input type="text"/>
Name Applicant:	<input type="text"/>
E-Mail/Fax:	<input type="text"/>

**IMPORTANT!** Please read

- **Return shipments must be charged**  
(if claim is accepted, freight charges will be credited)
- Please attach a copy of the confirmation form to the defective item (if a return is required by us).
- The claim form has to be filled out completely. Missing information will be cause for longer waiting periods or rejection of the claim.
- Damaged areas must be marked.
- Additional vouchers (e.g. incidental expenses) must be submitted with this process and have to be traceable to break down. Subsequently filed documents cannot be considered.

### Application No. (Reference No.)

### Do you wish to have the item returned in case the claim gets declined?

- If "yes" is checked the item will be returned at your expense. The freight charges may therefore exceed the value of the faulty part.
- If "no" is checked you agree to refrain from any further legal steps. The item will then be destroyed.

Quantity	Part No.	Description	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lot-No.	Date of Delivery	Invoice No.	Delivery Note No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Description of guarantee case (as detailed as possible)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### Has the article already been installed?

Yes  No

### Model

### Build Year

### Motor No.

### Chassis No.

### Fitted (date)

### Mileage

### Removed (date)

### Mileage

### Errors associated with:

cold state  wetness  other matters

warm state

### Area of application:

Local traffic  Construction site  Special vehicles

Long-distance traffic

### Mounting position:

(e.g. rear left)

I hereby confirm that the information given on this form corresponds to the true facts.

### Date

### Signature of Applicant