

Applicant

Customer No. D	<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 warm state other matters

Area of application:

Local traffic Construction site Long-distance traffic Special vehicles

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