

# WARRANTY CLAIM



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Steuer Nr.: 58011/00290

Customer no. |

Order no. |

Contact person |

## CUSTOMER / WORK SHOP

Name |

Contact person |

Address |

Delivery note work shop |

Articel no. manufacturer |

## VEHICLE DATA

Description |

Manufacturer |

Motor type |

Serial no. |

Goods were received on |

Installation on |

Workinghours |

Expansion on |

Workinghours |

Reason for complaint / detailed description |

**Document about installation- and expansion** cost are included.  
Subsequent receipts cannot be considered.

**replacement** was delivered.

**In case of recognition**, the following processing is desired |

**In case of rejection**, the following processing is desired |

**Confirm the completeness and correctness** of the information.

Date

Signature