## **WARRANTY CLAIM FORM**



Contact Details						_
Company Name:						
Contact Name:						
Telephone Number:						
Email Address:						
Part Details						_
Part Number:			Serial Number:			
Date Fitted:			Date Failed:			
Date Fitted:						
Vechicle Details						_
Manufacturer and Model:			Fitted SIde:			
Build Date						
VIN Code:						
Details of Fault						_
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Checklist	fuero Turrels Comton Inte	· · · · · · · · · · · · · · · · · · ·	ما خام ما در در در الم	Intoun	al Use:	$\overline{}$
For items purchased from Truck Center International that you wish to file a claim for, please follow the following short steps to ensure smooth handling of your case.			Interna	ai USe.	٦	
1 Complete this form with the requested information and send one printed copy with the goods and a digital copy by email to: claim@truck-center.ee  2 Make sure the to pack the product in a safe way and mark the package clearly with the text "Product Claim".						
3 Consignee for all claims is: Truck Center International, Paneeli 4, 11415, Tallinn, Estonia						
Costumer Signature				Date:		$\neg$