



Claim

No. _____ dd _____ 202__

Filled by the Customer

Customer No.	
Invoice No.	
Invoice Date	

Vehicle Information

Make and mode		VIN	
Part description		Item No.	
Assembly date		Disassembly Date	
Mileage before asseby		Mileage after disassembly	

Issue information

Claim reason (as detailed as possible):

In case of a claim to be accepted, please, fill out this claim form in full and provide photographs that:

- allow to identify the brand and part number;*
- show the problem area of the part;*
- prove that the part cannot be used;*
- provide something else that allows to find out the nature of the damage of the part.*