

# Warranty Claim Form

This form must be completed in all applicable sections and returned with all relevant parts and other documents

**WHOLESALER:**

BE Account Number:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

(IT IS IMPORTANT TO QUOTE YOUR FULL ACCOUNT NUMBER)

NAME .....

ADDRESS .....

.....

..... POSTCODE .....

GRN NO ..... DATE .....

**Method of return:**

|  |
|--|
|  |
|--|

**PART SERVICE HISTORY:**

**PART NUMBER / DESCRIPTION**

DATE FITTED:

DATE REMOVED:

SERVICE MILEAGE:

FAULT (Please Describe Accurately).....

VEHICLE DETAILS:-

MAKE: .....

MODEL: .....

YEAR: .....

**Additional Claim:** Yes / No *(delete as appropriate)*

Total cost of claim .....

**Important,** please always provide your customers invoice with all claims

Customer Declaration

*I declare the above details represent accurately the goods returned.*

Signed.....

**MAKING A CLAIM**

Complete this form fully. Failure to fully complete the form will seriously affect prompt replacement.

Brake Engineering, Redwither Road, Wrexham Industrial Estate, Wrexham LL13 9RD.