

WARRANTY CLAIM FORM



Claim No:

(Haldex use only)

Dear Customer

Please complete and return this form to enable us to process your warranty claim as fast as possible by fax or by e-mail

Fax number:

E-mail:

Tel number:

Include a copy of this warranty claim form with your return shipment. Indicate clearly the word 'WARRANTY' on the packaging

Important:

Each returned part needs a separate warranty claim form. To avoid confusion each returned part must be clearly identified, e.g. with your own warranty number. Your own warranty number should also be completed in the corresponding line below

Customer details	
Customer name:	Contact Name:
City:	Country:
Phone:	Fax:
E-mail :	
Customer warranty claim number:	
Haldex item specification	
Haldex part number:	
Customer part number (if relevant):	Serial number:
Production date (on label):	Quantity:
Clear warranty claim description: (Failure/fault description, detected when, how and by whom)	
<i>Claims cannot be processed unless a description of the fault is provided</i>	
Vehicle	
Vehicle manufacturer:	
Vehicle Type:	
Vehicle serial number (chassis no):	Date of fitting:
Registration number:	Date of first registration*:
Kilometres since part was fitted:	Total Km:

Warranty claims will not be processed unless the documents listed below are supplied (additional proof of purchase may be required for a service part claim) :

- * Copy of Vehicle Registration Certificate
- "Haldex EB+ DTC report" for EB+ warranty claims

Customer name, signature, date and stamp