

In order to process your warranty claim, we require filling in the form below and attach it to the part(s) affected.

CUSTOMER IN	FORMAT	TION												
Name							Em	ail						
							Pho numb							
EHICLE INFO	RMATIOI	N												
Brand							Engine							
Model							License plate							
Chassis							Usa	ge	Private Professional					
ART INFORM	IATION													
MC Reference										Vel	hicle kil	ome	eters	
Date of	initial asse	embly									THE TAIL			
Date	e of disasse	embly												
aceability code	L				0				(	0				
Explanation (	of what ha	ppened <sub>/</sub>	<sup>/</sup> Failure	ջ sym <sub>l</sub>	otoms									
Documents t	o provide:	1									G	AR I	DAÑO	
Ref. doc.1. First intervention invoice copy (will all the information)											x	X		
Ref. doc.2. Copy of part delivery note to repairshop, for the first intervention												X		
Ref. doc.3. Copy of vehicle technical datasheet.										x	X			
	<ol><li>Estimatio</li></ol>									ation)			X	
	<b>5.</b> Copy of c	=			-							$\perp \downarrow$	x	
Ref. doc.6	6. Copy of c	delivery no	otes of a	all repl	aced pa	arts in	the secor	nd rep	air.				X	

Any picture or video that could ease explanation of the claim is welcome