Claim No.

Claim Form

Customer

Name	Address
Zip Code/ City	Country
Phone	E-Mail

<u>Dealer</u>

Name	Address
Zip Code/ City	Country
Phone	E-Mail

Product Details

Product	Date Of Purchase	
Manufacturing No. located on product	Manufacturing Date located on carton	

<u>Vehicle</u>

Full Details:	
Load Details:	
Travelling Speed:	
Place and date of event:	

Detailled Incident Description:		
· · · · · · · · · · · · · · · · · · ·		
posal for solution:		

Proposal for solution:		
Date:	Signature:]

* In order to process your request, please provide us the following: Original product returned or pictures of the damage, and a copy of your proof of purchase.

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