

# Claim Form

Claim No.

## Customer

Name	Address
Zip Code/ City	Country
Phone	E-Mail

## Dealer

Name	Address
Zip Code/ City	Country
Phone	E-Mail

## Product Details

Product	Date Of Purchase
Manufacturing No. <small>located on product</small>	Manufacturing Date <small>located on carton</small>

## Vehicle

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

## Detailed Incident Description:

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## Proposal for solution:

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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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