

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. <i>located on product</i>	Manufacturing Date <i>located on carton</i>

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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