



Ref No APD:

Date Returned

FORM MUST BE COMPLETED IN FULL AND RETURNED WITH THE ITEM UNDER WARRANTY CLAIM

Name and Address of Customer

- **NOTE: Quote Part No's and Invoice No's of Unit claimed. Units claimed MUST be accompanied by any related parts removed at the same time.**

FULL DETAILS OF CLAIM

PART NO.	DESCRIPTION	INVOICE NO	VALUE EX VAT	
			£	p
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VAT @ 20%			<input type="text"/>	<input type="text"/>
Total £			<input type="text"/>	<input type="text"/>

Details of Vehicle

(Please complete all sections)

Vehicle Reg	Make	Model	Year	Date Fitted	Date Removed	Mileage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Precise details of fault claimed:

<input type="text"/>	Customers Signature
<input type="text"/>	

NOTE: Exact details of symptoms experienced must be given, or reason for removal from vehicle

Statement of "Faulty" is insufficient and will delay investigation of claim

FOR OFFICE USE ONLY

This claim, details as submitted on this form, represents the total claim in respect of the parts which form the subject of the claim.

Date: Signed: (Wholesaler)