

Claims form

Address details:

Your claim number (not item number):

Motorservice customer number:

Part designation*:

Company name and address*:

Item number*:

Number of faulty parts*:

Date of purchase*:

Invoice number:

Name of your customer (repair shop, engine reconditioner):

New part return (only to be completed for unused parts):

Damage

Product defect

Installation problem

Packaging fault

Damage in transit

Wrong specification

Corrosion/dirt

Other

Event of damage (only to be completed if parts were damaged during operation):

Type of fuel*:

Diesel

Petrol

Alcohol

Gas (LPG, CNG, ...)

Application*:

Road vehicle

Industrial application

Marine application

Agricultural vehicle

Engine manufacturer*:

Engine type/engine number*:

Key number (for 2 and 3):

Model year/initial registration*:

Part date of installation*:

km status/hours of operation*:

Damage date*:

km status/hours of operation*:

Damage description* (if required, add an attachment if not enough space is available)

Extent of damage/claim*:

only part replacement

Total claim in Euro*:

Part replacement incl. repair costs (please enclose repair invoice)

In case of refusal, please return the parts.

I agree the parts to be taken apart, opened or submitted to destructive testing within the scope of examination as required.

Place/date*:

Case handler*: