

WARRANTY

Claim	No.	CL	

KNOWLEDGE • SUPPLY • SUP	<u> </u>	CLAIM		Claim No. CL	
Customer name & address			Contact N	ame:	
			Phone nui	mber:	
Invoice number/s: Original:	Replacement parts:				
Action required (Claims fo	r parts, labour, credits etc.	must have relevant p	paperwork):	:	
Description of claim component/s:		Part number/s:	Part number/s:		
Engine make/model/year:		Application of e	Application of engine:		
Date claim parts fitted:	Kilometres claim parts fitted:	Date claim parts removed:	;	Kilometres claim parts removed:	
Description of failure:					
Reason for the original repair:		Original repairs	Original repairs by whom:		
Date injectors/pump last tested/reconditioned:		Injectors/pump	Injectors/pump last tested/reconditioned by whom:		
Non-factory turbocharger fitted:		Non-factory mod	Non-factory modifications/attachments:		
YES / NO			YES / NO		
Note: The more detail provided require more space for details a	on this form, the more accurate and explanations.	the failure evaluation and	diagnosis. At	tach extra pages should you	
ENGINE Australia to co	he parts in question. I ur	ey or their suppliers	s deem nee	cessary to determine the	
Signature:			[Date:	
Please send claim parts to: Engine Australia Warranty Claims Department 45 Loudoun Road Dalby Q 4405 Australia					
OFFICE USE ONLY:	1.2.		1		
Salesman:	Customer Cod	Customer Code:		sed:	

Salesman:	Customer Code:	Date raised:		