AS Group NZ Warranty Claim Form

(To accompany all returns, all fields must be completed)

Dealer/Installer details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Replacement Invoice Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AS Group NZ Part Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Installed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KMs/Hours Installed:\_\_\_\_\_\_\_\_\_\_\_

Date Failed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KMs/Hours Failed\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Details: Make\_\_\_\_\_\_\_\_\_\_\_\_\_\_Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for claim: Please be explicit as this will speed up the process, “Not Working” is insufficient information.

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Types of testing carried out: “Hitting with hammer” is insufficient evidence or meaningful tests

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