

# 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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