

Automotive Supplies Group NZ

Warranty Claim Form

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

Dealer/Installer details: _____

Contact Name: _____

Phone Number: _____

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.

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

If you have any queries regarding what tests we would like you to carry out, please do not hesitate to call us. All warranty items MUST be returned to:

Automotive Supplies Group NZ, 7/50 Stonedon Drive, East Tamaki, Auckland 2013