



TRANSAXLE LTD

WARRANTY CLAIM FORM

COMPANY DETAILS			
Company Name:			
Tel No:		Date:	
CLAIM DETAILS			
Part No:		Transaxle Inv No:	
Your Returns Note No:			
Date Fitted:		Date Removed:	
Mileage:		Reg No:	
REASON FOR CLAIM			
Labour Amount (If applicable)			
<i>(Please attach copy of labour claim invoice)</i>			
Name:		Position:	
Signature:			
BELOW IS FOR INTERNAL USE ONLY			
Reviewed By:		Date Reviewed:	
Manager Approval:		Date Reviewed:	
CHECK REPORTS			
<input type="checkbox"/> Mechanism	<input type="checkbox"/> Sliders	Comments _____ _____ _____ _____	
<input type="checkbox"/> Carrier	<input type="checkbox"/> Water Ingress		
<input type="checkbox"/> Seals	<input type="checkbox"/> Adjuster		
Accepted (√ / X):		Rejected (√ / X):	
OTHER NOTES			
BUILT BY:		DATE BUILT:	