**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.

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

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If you have any queries regarding what tests we would like you to carry out, please do not hesitate to call us.