

# 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.