



WARRANTY CLAIM

QH023EN / 01.02.2018

Please fill in completely!

If the required fields (red font) are not filled in completely, FTE will not handle the claim!

FTE-claim no.:
(filled in by FTE)

Address of the customer:

Claimed by company:

Mail-Address:

Reference no.:

Delivery note no.:

Date:

Details of the claim – please fill in as precise as possible:

FTE part no.:

Quantity claimed:

Code number manufacturer:

Code number type:

Vehicle manufacturer:

Type of vehicle:

Registration date:

Operational performance:

Date of assembly:

Assembly mileage:

Date of disassembly:

Disassembly mileage:

Vehicle identification no.:

Reason of the claim, description of the claim:

Subsequent fees / assy. charges:

(net, w/o value of part; s. proof of invoice encl.!) Yes, amounting to:

No

In case of rejection:

Scrapping by FTE, without replacement delivery

Return delivery

Date:

Name: