



**Warrington Truck Parts Ltd**  
**Tel: 01925 813400**

**WCF**



# Warranty Claim Form

## Warranty Returns Procedure

The following procedure must be used when returning any product under warranty, failure to follow the procedure will result in a rejected claim.

1. All sections of this warranty claim form must be completed in full (\* mandatory entries).
2. To check that the warranty claim form has been filled in correctly fax to 01925 813404
3. Any relevant documentation relating to to the claim must be returned with the goods.
4. Any documentation submitted at a later date will not be considered.
5. This form is used in conjunction with C.R.A.N claim form.
6. C.R.A.N. Will not be issued until all details have been completed.
7. Photographic evidence of the damaged/faulty items as a result of the defective part may be required.
8. Goods must be substantially packaged to avoid loss or damage in transit.
9. All warranty credits are subject to supplier acceptance, times may vary on issue of credit.
10. WTP Ltd will not be help responsible for any consequential claims.

Warrant claims are limited to the original purchaser and are not transferable. This warranty excludes failures caused by abuse, accidental damage, misuse, negligence, improper application, installation or operation, for additional information refer to Terms & Conditions available from [www.warringtontruckparts.co.uk](http://www.warringtontruckparts.co.uk)

**\* MANDATORY ENTRIES MUST BE COMPLETED IN FULL OR CLAIM WILL BE REJECTED**

* Company Name		* Contact Name	
* Town/City		* Tel	
Email		* Fax	

* Part No.		* Purchase date		* Invoice/Advice No.	
* Date Fitted		* Date Fault Occurred		* Date Removed	
* Part Mileage Covered					
* Specific Details of Fault Found	e.g. Leaking from Port Number 2				

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**TRUCK RELATED PRODUCT (Where Applicable)**

* Vehicle Manufacturer		* Vehicle Model	
* Chassis No.		* Registration No.	

**TRUCK RELATED PRODUCT (Where Applicable)**

* Trailer Manufacturer		* Axle Manufacturer		* Suspension Manufacturer	
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**OTHER RELATED INFORMATION REQUIRED – UK & Eire only**

* Testing Station Name		* Testing Station Contact Name	
* Testing Station Address			* VOSA Location (City)
* Copy of Test Failure Sheet Available	YES / NO	* Copy of VOSA Report Available	YES / NO

\* Further Information may be required depending on product

* Customer Signature	* Customer Contact Name	* Date

**Internal Use**

Customer Service rec date	Goods received by	Warranty checked by (Technical Manager/Engineer)	Credited by	Completed by