

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.

Types of testing carried out: "Hitting with hammer" is insufficient evidence or meaningful tests

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