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Warranty Claim Form

PLEASE PRINT CLEARLY

Date of Claim: _____

Customer Name: _____

Invoice Number: _____ Invoice Date: _____

Part Number: _____

Vehicle Details

Manufacturer: _____ Model: _____

Year: _____ Engine Type (tick): Fuel Diesel

VIN: _____ Transmission Type (tick): Auto Manual

Date Fitted: _____ Date Failed: _____

Kms when Fitted: _____ Kms when Failed: _____

Detailed Explanation of Fault:

Warranty Terms

This form must be filled out completely or claim will not be processed.
All claims are subject to terms and conditions of sale.
The supply of a replacement part does not represent the acceptance of the claim.
If the claim is not accepted, the customer will be charged for the original part and the replacement part.

CUSTOMER SIGNATURE : **Date :**