

WARRANTY REQUEST

Applicant Information

Company Name: _____
 Contact Person: _____ Phone: _____
 Address: _____
 Invoice no: _____ Repair reference: _____

Warranty Information

The following information will assist in your warranty request. Please provide as much information as possible.

Vehicle make:	Vehicle model:
VIN no:	Part & serial no:
Date Part fitted:	kms/hours part fitted:
Replacement fitted: (Date)	km's/hours replacement part fitted:

What is the fault?

- | | | |
|---|--|--|
| <input type="checkbox"/> Abnormal noise | <input type="checkbox"/> Lack of power | <input type="checkbox"/> Engine stalls |
| <input type="checkbox"/> Does not start | <input type="checkbox"/> Hard to start | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Vibration | <input type="checkbox"/> Speed fluctuation | <input type="checkbox"/> Speed does not reduce |
| <input type="checkbox"/> Slow engine speed reducing | <input type="checkbox"/> Speed not smooth | <input type="checkbox"/> Black smoke |
| <input type="checkbox"/> White smoke | <input type="checkbox"/> Surging, knocking, hesitation | <input type="checkbox"/> Unable to stop |
| <input type="checkbox"/> Excessive fuel | <input type="checkbox"/> Heavy acceleration | <input type="checkbox"/> Malfunction light on |
| <input type="checkbox"/> Backfire | <input type="checkbox"/> Not smooth rotation | <input type="checkbox"/> Abnormal speed increase |
| <input type="checkbox"/> Timer oil leakage | <input type="checkbox"/> Oil leak – pump body | <input type="checkbox"/> Oil leak |
| <input type="checkbox"/> Fuel leak – pump body | <input type="checkbox"/> Fuel leak – feed pump | <input type="checkbox"/> Fuel leak - pipe |
| <input type="checkbox"/> Fuel leak – nozzle | <input type="checkbox"/> Timer grease leakage | <input type="checkbox"/> Fuel leakage |
| <input type="checkbox"/> Improper fuel | <input type="checkbox"/> Other: _____ | |

When is it faulting?

- | | | |
|---|--|--|
| <input type="checkbox"/> always | <input type="checkbox"/> sometimes | <input type="checkbox"/> After start in mornings |
| <input type="checkbox"/> At low temperature | <input type="checkbox"/> After warm-up | <input type="checkbox"/> During idling |
| <input type="checkbox"/> When engine racing | <input type="checkbox"/> During normal driving | <input type="checkbox"/> At start |
| <input type="checkbox"/> At acceleration | <input type="checkbox"/> At medium speed | <input type="checkbox"/> At high speed |
| <input type="checkbox"/> Uphill | <input type="checkbox"/> When applying load | <input type="checkbox"/> After long term driving |
| <input type="checkbox"/> At high altitude | <input type="checkbox"/> At traffic congestion | <input type="checkbox"/> At restarting |
| <input type="checkbox"/> While decelerating | <input type="checkbox"/> At high level fuel tank | <input type="checkbox"/> At low level fuel tank |

Condition/customer complaint: _____
 Cause: _____
 Remedy: _____

Please also attach to this email any snapshots/ screenshots of any live data readings or fault codes