

# RETURN/WARRANTY CLAIM FORM



Phone: +61 493 688 444  
ausstarter.com.au

Indicate which branch goods were returned to: \_\_\_\_\_

Dealer/Repairer Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Part No: \_\_\_\_\_

Invoice No: \_\_\_\_\_

Replacement Product Invoice No: \_\_\_\_\_

Part Description: \_\_\_\_\_ Kms/Hrs Installed: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Kms/Hrs Failed: \_\_\_\_\_

Date Failed: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_

Reason for claim: (Please be explicit - this will speed up the processing of your claims.  
"Not Working" is insufficient information).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OFFICE USE ONLY

GRN/CR: \_\_\_\_\_ Date: \_\_\_\_\_

G/L Acc: \_\_\_\_\_ Received by: \_\_\_\_\_