

## **WarrantyClaim Report**

Download this document, fill in and send to <u>warranty@slp.se</u> or press the SEND button.

Note! The form must be completed in English in order for our Warranty Team to complete your case.

\* / \*\* Required fields \*\* For error code 15

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* SLP Order No. or Invoice No.	* SLP Customer No.	* SLP Part No.	* Claimed Quantity

## \* Choose claim error code from list below

10 Wrong content in kit	13 Wrong part delivered	
14 Short or over delivery	15 Defective part**	
16 Transportation damages	18 Wrongly ordered part by SLP	
19 Other	21 Damaged parts	

	be grateful for you to fill in addition e of great help for our investigation,	
uggestion of rectification belov	<b>V</b>	
Credit note requested	Missing part/parts required	Additional invoice require

## Additional vehicle information that can be useful for us

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Vehicle/Mach	ine/Engine Type	** VIN / Engine Serial No.		
Day	s used	Runtime		
Mounting date	Dismounting date	Hours	Kilometers/Miles	

## \* Your reference

* Name	* Email	* Telephone number

Note! The product must be returned within three months after SLP has accepted the return.

Swedish Lorry Parts AB - Botvid Business Center, Fågelviksvägen 9, SE-145 53 Norsborg, Sweden Tel: +46 8 555 978 00