

BPW TRANSPAC WARRANTY CLAIM APPLICATION

NB. Account credits will not be accepted as warranty claims, all claims must be approved and be a Tax Invoice to BPW Transpac Ltd.
 To assist with prompt processing of your claim, please ensure all relevant information is recorded on this form and the form is attached to your Tax Invoice. (Forms with insufficient information will not be accepted).

AUTHORISED DEALER / REPAIRER			OWNER / OPERATOR		
ADDRESS			ADDRESS		
CITY	STATE	POSTCODE	CITY	STATE	POSTCODE
CONTACT	PHONE No.	DEALER CLAIM No.	CONTACT	PHONE No.	

TRAILER MANUFACTURER	TRAILER BUILD / IN SERVICE DATE	KILOMETRES TRAVELED	TRAILER VIN No.
TRAILER REGISTRATION NUMBER	AXLE SERIAL No.	SUSPENSION MODEL	

COMPONENT MANUFACTURING DATA: This section must be completed for – **AIRBAGS, SHOCK ABSORBERS, HEIGHT CONTROL VALVES, SPRING PACKS**

COMPONENT:	MANUFACTURER / BRAND	MANUFACTURE DATA: Vis: Date / Batch / Lot No.

DESCRIPTION OF COMPLAINT AND RECTIFICATION WORK CARRIED OUT

SERVICE PARTS USED			
QTY	ITEM CODE	DESCRIPTION	PRICE

WE HEREBY CERTIFY ABOVE PARTS AND / OR LABOUR HAS BEEN FURNISHED ON THE DESCRIBED UNIT AT NO CHARGE TO THE OWNER, PURSUANT TO THE MANUFACTURER'S WARRANTY AND / OR CURRENT POLICIES.		
NAME (PLEASE PRINT)	SIGNATURE	DATE

OFFICE USE ONLY				
APPROVED	REJECTED	ADJUSTED	SIGNATURE	DATE