



AUTOMOTIVE PASSION

metelligroup

WARRANTY CLAIM REQUEST

CUSTOMER INFO

COMPANY NAME: _____

CONTACT PERSON: _____

TEL.: _____ FAX: _____

E-MAIL: _____ CLAIM N°: _____

VEHICLE INFO*

FIRST REGISTRATION DATE: _____

CAR MAKER: _____

MODEL: _____

CHASSIS IDENTIFICATION N°: _____

DISPLACEMENT (CM³): _____ KW: _____ FUEL: _____

ENGINE IDENTIFICATION N°: _____

GEARBOX TYPE: _____ ABS (YES/NO): _____

** Copy of the car registration document in alternative*

PRODUCT CLAIM INFO

METELLI PRODUCT REFERENCE: _____

ASSEMBLED ON DATE: _____ / _____ / _____ AT KM: _____

DISASSEMBLED ON DATE: _____ / _____ / _____ AT KM: _____

CLAIM DESCRIPTION: _____

DAMAGES REQUEST (YES/NO): _____ IF YES, €: _____

DAMAGES DESCRIPTION: _____

STAMP AND SIGNATURE

DATE

PAY ATTENTION: this form must be completely filled in, for each part of it, and it is binding to request the technical analysis of each single product of Metelli Co. with a warranty claim request and eventual damages request.