WARRANTY REQUEST FORM



_			
Customer name		T	
Phone №		Contact name	
E-mail address		Fax №	
Gates Invoice Number		Your claim №	
			-
GATES PRODUC	T - Reference (P/N)		Quantity
One warranty request form must be filled in per claim and enclosed in the shipment to Gates Technical Centre.			
CLAIM DESCRIPTION (quality defect, failure, etc)			
CLAIM DESCRIPTION (4)	danty defect, failure, etc)		
If the Cates product has	been mounted on a vehicle	_ nlease indicate:	
VEHICLE DETAILS	been inounted on a venicle	- picase illuicate.	
Make		Model	
Engine code / c.c.		Engine №	
First year of registration		Total Kilometres	
Registration №		Date of failure	
GATES PRODUCT DETAIL	IS	Date of failure	
Date of installation		Kilometres since	
Date of installation		installation	
GARAGE DETAILS		motanation	
Garage name		Phone №	
Garage address			
ASSOCIATED COSTS			
Are there associated costs being claimed? YES NO			
	is the total amount of associa		med: \$
Brief description of the a		atou oooto bonig olan	mour y
blici description of the associated costs.			
*Place note that the in	formation below must be pr	ovided hefore the cl	aim assassment can hagin
*Please note that the information below must be provided before the claim assessment can begin.			
a. Installation invoice of the Gates product? YES NO			
b. If claiming Associated costs, are all the relevant estimates and/or invoices available? YES NO			
b. It statisting resources costs, are all the relevant estimates and of involces available.			
Was the application checked and found to be correct? YES NO			
was the application effected and round to be correct: 120 110			
Name:	Function:		<u>Date</u> :/
Customer signature and stamp:			
ADMINISTRATION CATES CLAIM NUMBER			
GATES CLAIM NUMBER:			

Email: AU.Warranty@Gates.com

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