

WARRANTY REQUEST FORM



Customer name			
Phone №		Contact name	
E-mail address		Fax №	
Gates Invoice Number		Your claim №	

GATES PRODUCT – 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...)

If the Gates product has been mounted on a vehicle – please indicate:			
VEHICLE DETAILS			
Make		Model	
Engine code / c.c.		Engine №	
First year of registration		Total Kilometres	
Registration №		Date of failure	
GATES PRODUCT DETAILS			
Date of installation		Kilometres since installation	
GARAGE DETAILS			
Garage name		Phone №	
Garage address			
ASSOCIATED COSTS			
Are there associated costs being claimed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes to the above, what is the total amount of associated costs being claimed: \$			
Brief description of the associated costs:			
*Please note that the information below must be provided before the claim assessment can begin.			
a. Installation invoice of the Gates product? YES <input type="checkbox"/> NO <input type="checkbox"/>			
b. If claiming Associated costs, are all the relevant estimates and/or invoices available? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was the application checked and found to be correct? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Name:	Function:	Date: ____/____/____
Customer signature and stamp:		

ADMINISTRATION	
GATES CLAIM NUMBER:	

Email: AU.Warranty@Gates.com

