



CUSTOMER WARRANTY CLAIM NO:			
Customer:		Claim Date:	
Vehicle/Body Location:			
Claimant Name:		Phone Number:	
Email Address:		Fax Number:	
Original Purchase Order No:			
Vehicle Rego:		TSB Serial Number:	
Claim Reported to:		Accept Date:	
Warranty may be void if work is performed prior to acceptance by TSB or its suppliers			
Description / Claim:			
TSB TO COMPLETE FROM HERE DOWN			
Claim found warrantable:		Claim found not warrantable:	
Summary of action to be taken:	Recharge Supplier:	Yes	No
Invoice Notification to Customer Undertaken:	Yes	No	
Action Approved By:		Date:	
TSB Job Number Issued:		Finish Date:	
Brief Description of Action taken to determine root cause of problem And Prevent a Recurrence			
Recommended Action Approved:		Date:	

NOTE: ALL CLAIMS MUST BE SUBMITTED ON THIS FORM