

# Warranty Claim Form



Please Return to: Tibbetts Group Ltd, Warranty Department, Beaumont Road, Banbury, OX16 1RH

Please complete this claim form and email a copy to customer services (tqlsales@tibbettsgroup.com). Upon confirmation that all fields have been completed correctly, a RMA reference will be issued to track the claim.

## One claim form to be completed for each RMA reference

Please tick this box if this is a no quibble claim (cost of parts only).  Note all fields marked with \* must be completed to ensure payment is made.

* RMA Reference:	Customer Claim Number:
* Customer Name:	
* Customer Address:	
*Post/Zip Code:	
* Telephone:	* Email:

## Vehicle Details

* REG Number:	Engine type:
Chassis Number:	Gearbox type:
* Make:	* Date Fitted:
* Model:	* Date Removed:
* Year:	* Mileage Covered:

## Details of Claim

* Quantity:	* Part Number:	Description:	Have items been fitted:	Value excluding VAT:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Labour &/or Additional Costs Claim (only complete this section if you are claiming for these elements)

Hourly rate:	Time Taken:	Value of ancillary items:	Total Labour Claim:

## Ancilliary Claim

* Quantity:	* Part Number:	Description:	Total Ancilliary Claim:

**Copies of all invoices for labour and/or other additional costs claimed must be attached to this form otherwise the claim will be rejected. If multiple ancillary items are being claimed, a clear break down on the relevant invoice(s) must be supplied.**

## Total Claim

* VAT:	* Total:
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## \* Fault Details: (select the appropriate check box or give details of fault)

<input type="checkbox"/> Hydraulic Fluid Leak	<input type="checkbox"/> Clutch Slipping	<input type="checkbox"/> Cannot Select Gears
<input type="checkbox"/> Bearing Failure	<input type="checkbox"/> Clutch Judder	<input type="checkbox"/> Missing / Incorrect Component(s)
Other fault: (please write precise details of faults claimed - writing 'faulty' is not acceptable and will result in the claim being rejected)		

## Checklist before returning to TGL

<input type="checkbox"/> Has a valid RMA number been issued and written on this form?	<input type="checkbox"/> No evidence of contamination or copperslip (or equivalent) being used
<input type="checkbox"/> Are all components for this claim being returned to TGL?	<input type="checkbox"/> The part was fitted to the correct vehicle
<input type="checkbox"/> No evidence of damage caused by accident or incorrect fitment	<input type="checkbox"/> The part must have been supplied by TGL
<input type="checkbox"/> No evidence of inappropriate use (eg, motorsport or outside the OE manufacturer's specification)	

## Customer Declaration:

The information detailed above is true and correct to the best of my knowledge and represents the total claim in respect of the goods returned.

Print Name:	Position:
Signature:	Date:

Telephone: 01295 257010	Facsimile: 01295 279521
Email: <a href="mailto:tqlsales@tibbettsgroup.com">tqlsales@tibbettsgroup.com</a>	Website: <a href="https://www.tibbettsgroup.com">https://www.tibbettsgroup.com</a>