

Please post to manufacturer:

ContiTech Luftfedersysteme GmbH
Kst. 59711/Warranty Claim Handling
Philipsbornstr.1
30165 Hanover
GERMANY

FAX-No.: +49 511 938 5516

- Warranty claim Form**
 Return Delivery Note

Your Claim Ref. No.:

Date:

Address of Customer / Garage:
Dealer:

Customer No.:	Delivery Note No.:	ContiTech Customer No.:	Delivery Note No.:
Reference / Sent by branch:	Your customer's Claim Reference No:	Person in charge:	Phone:
Article Number ContiTech :	Number	ItemNo.ContiTech	Article No. DEALER:
			Item No. DEALER:

Miscellaneous:

Vehicle Manufacturer, Model Series and Type:
VIN-No.:

Date of first vehicle registration:	Date of install.:	Kilometer reading:	Date of removal:	Kilometer reading:
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Reason for complaint / detailed description of the complaint:

PLEASE HELP US TO UNDERSTAND THE PROBLEM

position on vehicle axle				vehicle type	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRUCK	<input type="checkbox"/>
front	<input type="checkbox"/>	rear	<input type="checkbox"/>	TRAILER	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUS	<input type="checkbox"/>

 Malfunction occurs when: vehicle is loaded vehicle is at rest vehicle is driving other

 Enclosed, please find receipts on expenses for installation/
removal (additional costs) of total [EUR] + VAT

Receipts which are handed in later can hardly be accepted.

 Preliminary compensation was made

Completeness and correctness confirmed:

Date _____ Signature _____

In case of acceptance the following settlement is required:
In case of rejection, the following settlement is required:
 Credit note Replacement free of charge Component to be returned to customer Scrap

WARRANTY CLAIM FORM

Please note !
Only a completely filled-in form leads to a fast treatment !

A completed form of each returned part is required !

PLEASE ADD A COPY OF THE COMPLETED FORM TO THE CONSIGNMENT !

Within five work days of receiving the consignment at ContiTech you will receive confirmation of receipt (Conti-Rückwarennummer / Conti>Returns-No.) with which you can check the warranty claim status of your product.

AREA TO BE FILLED IN BY ContiTech:		FAX: 5516	Conti-Rückwaren Nummer / Conti>Returns- No.:
Weitergeleitet:	Wer /Name:	am /Datum:	Eingangsstempel ContiTech:
Sperrlager ERS (Geb.39A) <input type="checkbox"/>			
Bearbeitung QS durch:		am /Datum:	
<input type="checkbox"/> weiter an:			
Weitergeleitet:		am /Datum:	
zurück an Kunde: <input type="checkbox"/> Sonstige:			
Bearbeitung Vertrieb durch:		am /Datum:	