



# WARRANTY

**Schedule 7**

## **Warranty Claim Form**

**Note: For claim to be processed all details must be supplied**

Part No:	VIN Number:
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Lovells Warranty Approval No.	Registration Number:
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**Requested by:**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
P/Code \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Invoice No: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

(Please tick )

Coil Springs       Suspension Bushes

Leaf Springs       Sway Bar

Shock Absorbers

Quantity: \_\_\_\_\_  Other (please specify) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Body Style: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Month & Year of Manuf. \_\_\_\_\_

Date of Fitment: \_\_\_\_\_ Date of Failure: \_\_\_\_\_

Since Fitment: \_\_\_\_\_ km Installer: \_\_\_\_\_

Load Bearing Accessories fitted to Vehicle (eg. spare wheel carrier, water tank, long range fuel tank etc.)

Reason for Return: \_\_\_\_\_

Please despatch a COPY of this Warranty Claim Form and a COPY of the original invoice with relevant goods to:

Lovells Springs Pty Limited  
Attention: Returns Clerk - Automotive  
Unit 3, 25-31 Airds Road. Minto NSW 2566  
PO Box 5126, Minto B.C. NSW 2566