

VTA Control Form – Warranty Claim

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REPRESENTATIVE:						DEPT:						CLAIM REF:								M	
DEPARTMENT PR:						BRANCH:															
DATE FAILURE OCCURED	D	D	M	M	Y	Y	DATE SUPPLIER NOTIFIED	D	D	M	M	Y	Y	PART NO:							
														DATE CODE:							

CLAIMANT: _____ OWNER: SUPPLIER: REPAIRER:

1. VEHICLE OWNER DETAILS						2. SUPPLIER / REPAIRER DETAILS					
NAME:						NAME:					
ADDRESS:						ADDRESS:					
PHONE:			CELL:			PHONE:			CELL:		
E-MAIL:			FAX:			E-MAIL:			FAX:		
CONTACT PERSON:						CONTACT PERSON:					

VEHICLES: _____ PRIVATE: FLEET: SIZE OF FLEET:

3. VEHICLE / OPERATING MAINTENANCE			MAKE:			MODEL:			YEAR:		
REG. NO:			ENGINE TYPE:			ENGINE NO:					

HR/KM AT FAILURE: _____ TURBO: YES NO PETROL DIESEL

4. SERVICE DETAILS		DATE OF LAST SERVICE:				SERVICED BY:			
HR/ KM AT SERVICE:		CONTACT NO:		SERVICE RECORDS AVAILABLE		Y	N		
4.1 OPERATING CONDITIONS:		TAR	DIRT	MIXED	ANNUAL MILAGE X 1000	0-10	11-100	>100	
ANY RECENT ENGINE WORK:		YES	NO	IF YES AT WHAT MILEAGE:					
REASON FOR ENGINE WORK:									
For Timing & Poly-V Belts, please state whether the belt Tensioner was replaced:									
SERVICE FACILITY RATING:			GOOD	AVERAGE	POOR				

5. DETAILS OF CLAIM:									
5.1 FAULT AS ALLEGED BY CLAIMANT:									
5.2 RESULTANT DAMAGE AS ALLEGED BY CLAIMANT:									
5.3 AMOUNT CLAIMED (ATTACH ALL RELEVANT SUBSTANTIATING DOCUMENTS)								R	

6. AVAILABILITY OF PART									
6.1 PART / VEHICLE AVAILABLE FOR INSPECTION						YES	NO		
IF NO STATE REASON:									
6.2 LOCATION OF PART/ VEHICLE FOR INSPECTION:									
CONTACT PERSON:					CONTACT NUMBER:				

CLAIMANT'S SIGNATURE _____ DATE: _____

SUPPLIER/ REPAIRER SIGNATURE _____ DATE: _____