VTA Control Form – Warranty Claim

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: _____

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