

Customer data:

Company: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Your contact:

VIEROL AG

Customer Service – Export

Telefax: +49-(0)441-210 20 11310

warranty@vierol.de

File number VIEROL: _____

Please fill in the form **completely**, otherwise your enquiry cannot be processed!

Order data:

Your claim no.: _____

Your order no.: _____

Our order no.: _____

Delivery note/invoice no.: _____

Description: _____

VEMO/VAICO no.: _____

Claimed quantity: _____

Batch number: _____

Vehicle data:

Fitted on/km: _____

Removed on/km: _____

Car brand: _____

Car type: _____

First registration: _____

Cubic capacity: _____

Motor code: _____

HP/kW: _____

Other: _____

 manual transmission petrol engine automatic transmission diesel engine**Claim reason:** _____

_____**Note:** _____

Date: _____

Signature: _____

Pre-replacement made: yes noIn case of approval: credit noteIn case of disapproval: return of the product

Date: _____ Delivery note: _____

 free replacement to scrap

For a quick handling, the return of the completed form and damaged product to our address is absolutely necessary. In case of disapproval, all arising costs for an external verification, e.g. by a laboratory or an expert, will be charged to your account.