

Brake
parts

Steering &
suspension
parts

Wheel
bearing
kits



WARRANTY APPLICATION FORM

Customer name _____ Date _____
City _____ Contact person _____
ABS reference _____
Car make/model _____ Year _____
Part was fitted for _____ days/weeks/months and driven for _____ kilometers/miles

Description of complaint: _____

Brake Caliper only						
1	Leakage		3	Piston does not move when hand brake lever is actuated	<input type="checkbox"/>	
	1.1	Piston	<input type="checkbox"/>			
	1.2	Bleeder valve	<input type="checkbox"/>			
	1.3	Lever	<input type="checkbox"/>	4	Excessive play on guide pin/bolt	<input type="checkbox"/>
	1.4	Casing	<input type="checkbox"/>			
2	Jamming			5	Other _____	
	2.1	Piston	<input type="checkbox"/>			
	2.2	Lever	<input type="checkbox"/>			
	2.3	Guide Pin/Bolt	<input type="checkbox"/>			

If this warranty claim is denied please send the article back to me at my expenses: yes no

INCOMPLETE FORM WILL NOT BE PROCESSED, AND ARTICLE WILL BE RETURNED ON YOUR EXPENSES

Please fax/e-mail this form to: +31 30 686 1251/sales@abs-bv.nl to receive a confirmation with RMA number. To complete the warranty application send us:

1. This form
2. The confirmation with RMA number
3. The article you wish to claim

Internal use ABS:

Warranty claim is: approved/denied

Remark: _____

Additional remarks may be found at the back of this form