



WARRANTY CLAIM FORM

CLAIM REFERENCE NUMBER

SECTION A - USER'S DETAILS

Trailer Operator

Full address

Contact name

Tel:

Fax:

SECTION B - TRAILER DETAILS

Trailer Manufacturer

Chassis Number

Fleet Number

Distance Covered (kms)

Date Entered Service	DATE	MONTH	YEAR
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Failure	DATE	MONTH	YEAR
	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C - CLAIMANT'S DETAILS

(if different from Section A)

Claimant

Full address

Claimant's reference no.

Contact name

Tel:

Fax:

BPW Type plate - Axle

BPW BERGISCHE ACHSEN KG Date code
 Made in Germany

SKHSF 9010-15 ECO-P TSB 3709 093642001

D115-2 / 36104108

27.58.616.006 zul. Achslast perm. axle capacity charge adm. stat. 9000 kg 105 km/h

Axle code

27.58.616.006 **093642001**

Axle Codes=10 DIGITS Date Codes=9 DIGITS

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***PLEASE TICK POSITION OF FAILURE ABOVE**

Reason for claim:

Failed Part Numbers:	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please return to Fax No:0116 2816141

Contact

Please tick as appropriate:

Credit Replacement part