WARRANTY CLAIM FORM

Caravans / Light trailers / Other products

CLAIM REFERENCE NUMBER

DATE OF ISSUE

CLAIMANT'S DETAILS

*Name

*Address

*Postcode

Claimant's reference no.

*Contact name

*Tel:

Fax:

USER'S DETAILS

Name

Address

Postcode

Contact name

Tel:

Fax:

VEHICLE / PRODUCT DETAILS

*Manufacturer

*Model / Product

*VIN Number
(If applicable)

*Date of Purchase

Distance Covered (kms)

Date of Failure

REASON FOR CLAIM

*Do you consider the claim to be due to:

☐ Manufacture ☐ Material *(please tick one box)*

*Describe failure:

If relevant, please enter 10 digit axle/hitch product number and 14 digit date code, as found on the BPW date plate:

Sample axle / hitch /product and date code

4	6		2	1		3	7	9		0	0	1	
1	2	3	4	5	5	7	8	9	10	11	12	13	14

* Fields marked with an asterrix must be completed in order to process a claim.

Please fax back to:
0116 2816141

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