



# WARRANTY CLAIM FORM

CLAIM REFERENCE NUMBER

## SECTION A - USER'S DETAILS

Trailer operator	<input type="text"/>
Full address	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>

## SECTION B - TRAILER DETAILS

Trailer manufacturer	<input type="text"/>		
Chassis number	<input type="text"/>		
Fleet number	<input type="text"/>		
Trailer type	<input type="text"/>		
Distance covered	<input type="text"/> kms		
Date entered service	DATE	MONTH	YEAR
Date of failure	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION C - CLAIMANT'S DETAILS

Claimant	<input type="text"/>
Full address	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Claimant's reference no.	<input type="text"/>
Contact Name	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>

**BPW Type plate - Axle**

Date code

**BPW BERGISCHE ACHSEN KG** 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.k9000 gk105 m/h

Axle code

27.58.616.006	093642001
Axle Codes=10 DIGITS	Date Codes=9 DIGITS
* <input type="checkbox"/> FRONT <input type="checkbox"/> *	
* <input type="checkbox"/> MIDDLE <input type="checkbox"/> *	
* <input type="checkbox"/> REAR <input type="checkbox"/> *	

Reason for claim	<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 281 6141	
Email services@bpw.co.uk	
BPW contact name	<input type="text"/>

**\* PLEASE TICK POSITION OF FAILURE ABOVE**

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"/>

Please tick as appropriate

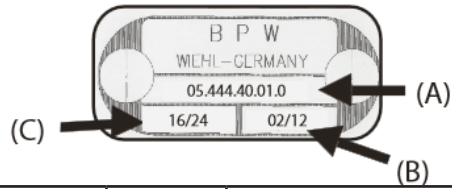
Credit  Replacement part

Please return all components clearly labelled with your unique BPW claim reference number and accompany the component with a copy of your claim form for identification purposes. Failure to clearly label the component will result in the claim not being completed and all unidentified parts are disposed of within 4 weeks of arrival.

# BRAKE CHAMBER



Example of identification tag on brake chamber



Brake chamber part no. (A)	Date code (B)	Type (C)	Quantity	Reason for failure

Please tick as appropriate      Credit       Replacement part

# LANDING LEG (Please tick relevant boxes)



Type serial no. (A)	Date code (B)	Geared	Non-geared	Quantity	Reason for failure

Please tick as appropriate      Credit       Replacement part

# AIR BAG/SLACK ADJUSTER/SHOCK ABSORBER

Item	Part no./type	Date code (on side of component)	Quantity	Reason for failure

Please tick as appropriate      Credit       Replacement part

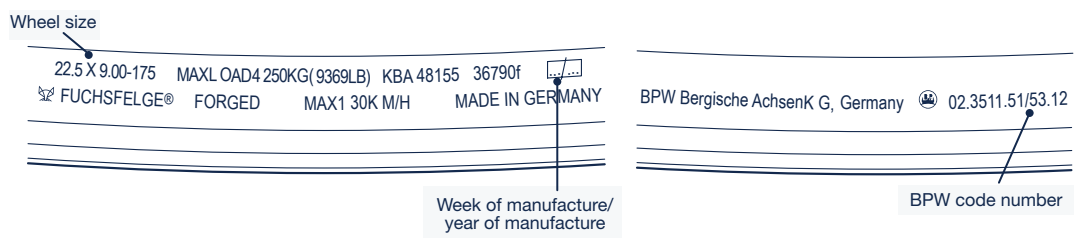
# CYLINDERS AND PUMPS

Item	Serial no.	Date fitted	Reason for failure

Please tick as appropriate      Credit       Replacement part

# WHEELS

Wheel size	BPW code no.	Week/year of manufacture	Quantity	Reason for failure



Please tick as appropriate      Credit       Replacement part