

Please post to manufacturer:

**ContiTech Luftfedersysteme GmbH**  
**Kst. 59711/Warranty Claim Handling**  
**Philipsbornstr.1**  
**30165 Hanover**  
**GERMANY**

FAX-No.: +49 511 938 5516

## WARRANTY CLAIM FORM

Your Claim Ref. No.:

Date:

**Address of Customer / Garage:**

**Dealer:**

Customer No.:	Delivery Note No.:	ContiTech Customer No.:	Delivery Note No.:
Reference / Sent by branch:	Your customer's Claim Reference No:	Person in charge:	Phone:
<b>Article Number ContiTech:</b>	Item No. ContiTech:	Article No. DEALER:	Item No. DEALER:

Miscellaneous:

**Vehicle Manufacturer, Model Series and Type:**

**VIN-No.:**

Date of first vehicle registration:	Date of install.:	Kilometer reading:	Date of removal:	Kilometer reading:
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**Reason for complaint / detailed description of the complaint:**

# PLEASE HELP US TO UNDERSTAND THE PROBLEM #

position on vehicle axle vehicle type

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRUCK	<input type="checkbox"/>
front	<input type="checkbox"/>	rear	<input type="checkbox"/>	TRAILER	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUS	<input type="checkbox"/>

Malfunction occurs when:  vehicle is loaded  vehicle is at rest  vehicle is driving  other

Enclosed, please find receipts on expenses for installation/  
removal (additional costs) of total [EUR] \_\_\_\_\_ + VAT  
Receipts which are handed in later can hardly be accepted.

Preliminary compensation was made

**Completeness and correctness confirmed:**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**In case of acceptance the following settlement is required:**

**In case of rejection, the following settlement is required:**

Credit note  Replacement free of charge  Component to be returned to customer  Scrap

## WARRANTY CLAIM FORM

**Please note !**

**Only a completely filled-in form leads to a fast treatment !**

A completed form of each returned part is required !

**PLEASE ADD A COPY OF THE COMPLETED FORM TO THE CONSIGNMENT !**

Within five work days of receiving the consignment at ContiTech you will receive confirmation of receipt (Conti-Rückwarennummer / Conti>Returns-No.) with which you can check the warranty claim status of your product.

**AREA TO BE FILLED IN BY ContiTech:**

**FAX: 5516**

Conti-Rückwaren Nummer /  
Conti>Returns- No.:

Weitergeleitet: Wer /Name:	am /Datum:
Sperrlager ERS (Geb.39A/K1) <input type="checkbox"/>	
Bearbeitung QS durch:	am /Datum:
<input type="checkbox"/> weiter an:	
Weitergeleitet:	am /Datum:
zurück an Kunde: <input type="checkbox"/> Sonstige:	
Bearbeitung Vertrieb durch:	am /Datum:

Eingangsstempel ContiTech: