

WARRANTY CLAIM FORM



CUSTOMER:

CLAIM NUMBER:

DATE:

SUBMITTED BY:

PRODUCT DESCRIPTION

TEP PRODUCT CODE:

PRODUCTION DATE STAMP:

DATE WHEEL FITTED:

HOURS WHEEL WAS IN USE:

DESCRIBE FAULT:

IMPORTANT: PLEASE NOTE

- Only one wheel per claim form.
- This form must be completed in full and sent with the wheel for inspection to TEP Technica Ltd at the address opposite.
- Where a claim is approved we will only provide a credit.
- For more information please refer to our Warranty Claim Procedure or contact us.
- Please see our standard terms and conditions for information on the limits of our liability.

RETURN ADDRESS:

TEP Technica Ltd
Unit 45 Murrell Green Business Park,
London Road
Hook
Hampshire
RG27 9GR
United Kingdom

TEL: +44 (0) 1256 763744