OMFB WARRANTY CLAIM REQUEST

1. All items/boxes marked * must be completed in full and returned to Transpecs.
2. Any outwork must be approved prior to any work being carried out under warranty.
3. Labour invoices with a completed copy of this request to be returned to Transpecs within 5 days of the date of repair.
4. All replacement parts subject to this claim required by Transpecs must be returned within 14 days. Failure to submit all the required information and parts will result in an invoice being raised to cover costs of replacement parts, labour, transportation, and/or any other costs involved. Please also see Terms and Conditions.

Company*:		Warranty no.*(Issued by TSL):
Contact*:	TSL acc. no.*:	
Delivery address*:	Phone no.*:	Part no/s.*:
	Email:	

Claim description* (or full report and/or photo's attached):

Symptoms*:

Outwork repairer:	Date of repair:	Transpecs authoriser:
Contact:	Phone no.:	

Proof of purchase*(Invoice number):	Date fitted*:
	Date of failure*:

Notes:

TSL internal use only	Claim declined	Hold / /	RCN number/s
Signed:	Claim approved WU	Scrap	
Date:	Claim approved WR	Return to cust.	

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