

Service Report

Transport Specialties Ltd, Cnr Kerrs & Ash Rds, Wiri.
PO Box 98 971, Manukau City 2241. 09-980-7300



*Date: ____ / ____ /20

Reference No. RS

*Fault: _____

*Cause: _____

*Rectification: _____

*Part(s) Required: _____

Order No for Parts

* _____

*Garage/Repairer: _____

*Contact: _____

*Tel: _____

*Trailer Owner: _____

*Contact: _____

*Tel: _____

*Vehicle Manufacturer : _____

*Registration No. : _____

*Chassis No. : _____

*Total Mileage: _____

*Date of Registration : _____

*Date Parts fitted: _____

Date of Repair : ____ / ____ /20

VOR YES NO

Tick appropriate box*:

Vehicle type		Position on vehicle		Body type			
		Left	Right	Front "B"	Rear 'B'		
				Tipper	Tanker	EBS:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		1 st Axle		Stock	Low Loader	Trailer:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		2 nd Axle		Flatdeck	Curtainsider	Truck:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		3 rd Axle		Container	Logger	EBS down load:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		4 th Axle				Date of last brake compatibility	
		5 th Axle				test: ____ / ____ /20	

Important:

Stage One: All items/boxes marked * must be completed in full and returned to Transpecs before any replacement parts can be dispatched.

Stage Two: Pro Forma invoice, completed documentation, photos, with a completed copy of this Report, to be returned to Transpecs within 5 days of the date of repair.

Stage Three All replaced parts subject to this claim required to be returned to Transpecs within 7 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.

Fax Back To Transpecs 09-980-7348*

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Reference No. RS

Axle Model : _____

Disc : **Drum :**

***Ride Height :** _____ mm

***Suspension Type :**

Intradisc : **Modular :**

Mechanical : **Other :**

Axle Serial No.

Hub - Wheel Rock Test

Axle - Spindle Damage Tolerance Measurement

	Hub - Wheel Rock Test		Axle - Spindle Damage Tolerance Measurement	
	L	R	L	R
*1st Axle: _____	_____ mm	_____ mm	_____ mm	_____ mm
* 2nd Axle: _____	_____ mm	_____ mm	_____ mm	_____ mm
* 3rd Axle: _____	_____ mm	_____ mm	_____ mm	_____ mm
* 4th Axle: _____	_____ mm	_____ mm	_____ mm	_____ mm
* 5th Axle: _____	_____ mm	_____ mm	_____ mm	_____ mm

Hub - Grease Escape Test (Within SAF Tolerances)

Wheel Bearing Noise Test (Rough/Grinding)

	L		R		L		R	
	Y	N	Y	N	Y	N	Y	N
*1st Axle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2nd Axle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3rd Axle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 4th Axle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5th Axle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transpecs Office to fill out

Warranty Approval Number: _____ Signed: _____ Date: _____

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