

CLAIM FORM

1.	Company name ,Phone / e-mail			
2.	Invoice number		Date	
3.	Lontex code, name of claimed item		Quantity	
4.	Exact description of the failure			
5.	Date of detected defect		Number of kilometers traveled	
6.	Brand and vehicle type			
7.	Chassis Number (VIN)			
8.	Date of activation / first pairing			
9.	Name, address and telephone of the workshop assembling the part			
10.	Advertiser request			

1. I agree to review the complaint within a period of not less than 30 days from the date of submission.
2. Application without a complete set of data / documents (warranty card) will not be considered!
3. I agree to the costs incurred to clarify the complaint which will prove unreasonable

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Signature and date

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Clear signature and date of the claimant