



Warranty Claims Form

DEALER DETAILS:

Dealer Name	Contact Name	Business Address	Date

BIKE DETAILS:

Make	Model	Frame No	Engine No
Registration Number		Mileage (please specify miles or km)	

REGISTERED OWNER DETAIL:

Name	Telephone Number	Date of Purchase	DOB
Address			

CLAIM DETAILS:

Defect Description:

Part of bike affected	Description of defect or fault	Cause of defect (if applicable)

Parts required to resolve defect:

Part name/description	Part Code (internal use only)	Colour (if applicable)	Quantity

Labour claimed for job (hours/mins):

I hereby declare that all information detailed on this form is accurate to the best of my knowledge.

Signature: _____ Date: _____ Print Name: _____

Position: _____