WARRANTY CLAIM FORM

This form must be returned with the warranty item.		
CUSTOMER:	DATE:	- AMING
GARAGE:	CLAIM No.:	
		S/NCE 1964
INVOICE/ORDER No.:		UNIT SUPPLIED ON:
FLEET NUMBER:		'
VEHICLE TYPE:		
FITTED:		
REMOVED:		
FAULT:		
COMMENTS:		
I .		