

OES DISTRIBUTOR RETAILER INSTALLER FINAL CUSTOMER

COMPANY: _____

PERSONAL CONTACT: _____

ADDRESS: _____

ZIP CODE: _____ - _____ CITY: _____ COUNTRY: _____

PHONE: _____ CELLPHONE: _____ E-MAIL: _____

PART

Return part: Send pictures: Neither of these options:

VENEPORTE REF.	OEM REF.	BATCH NR.	QUANTITY	PRODUCT DEFECT CODE *	INSTALLATION DATE	KM AT INSTALLATION	KM AT REPAIRATION
* PRODUCT DEFECT CODE							
01 = Noise / vibration	02 = Insufficient performance	03 = Leakage	04 = Rust	05 = Assembly	06 = Broken pipe / anchor		
07 = Dented parts / damaged	08 = Blocked part	09 = Missing components	10.1 = Packing mistakes - Veneporte resp.	10.2 = Packing mistakes - Customer resp.			

VEHICLE

MAKE	MODEL	CM3	FUEL	YEAR / MONTH

Documents:			
Proof assembly date:		Date:	/ /
Veneporte purchase invoice:		Date:	/ /
Other:		Date:	/ /

1. Customer claim reason: _____

2. Claim description: _____

3. In the opinion of the repairer, what is the root cause: _____

4. What problems are identified / presented in the exhaust system prior to assembly of the Veneporte part:

5. Improvement suggestions: _____

DATE: ____ / ____ / 20__

SIGNATURE: _____

IMPORTANT:

- 1) To accept the claim, all fields must be filled, form dated and signed;
- 2) Identify the component through the Veneporte claim tag;
- 3) Additional information may be required by the Veneporte Quality Department;
- 4) Attach a copy of the invoice (s) of the component purchase as proof of warranty claim;
- 5) Veneporte products have a 2 year warranty against manufacturing defects;
- 6) Send form to aftersales@veneporte.pt or Rua Jesse de Almeida 412. Apt.: 20 3754-908 Águeda – Portugal
- 7) Other information in www.veneporte.pt

To be completed by Veneporte Quality Department:

Claim Nº.: _____

Warranty: YES NO

Received: ____ / ____ / 20__

Responsible: _____