



# FUWA K HITCH (AUSTRALIA) PTY LTD

## WARRANTY CLAIM FORM

**\*\*This Form must be completed, prior to any warranty claim can be assessed\*\***

Date:	FKH Claim No:
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Please circle which FKH Product this Claim is for.	Trailer Axle	<b>TA</b>	5 <sup>th</sup> Wheel	<b>FW</b>	Air Suspension	<b>AS</b>	Landing Legs	<b>LL</b>
	King Pin	<b>KP</b>	Ball Race	<b>BR</b>	Mech. Suspension	<b>MS</b>	Spare Parts Claim	<b>SP</b>

Vehicle Owner:	Phone:
Address:	e-mail:

Repairer:	Phone:
Address:	e-mail:

<b>Date in Service:</b>	<b>Date of Failure:</b>
<b>OEM:</b> Model:	<b>At the time of Failure: KM</b> <b>Hours:</b>
Chassis/Vin No:	Date of repair:
Registration No:	Invoice Number:
Vehicle Application:	EBS fitted: Yes <input type="checkbox"/> No <input type="checkbox"/>

Failed product details (axle serial numbers must be listed):

Model:	Part Number:
1 <sup>st</sup> Serial Number:	2 <sup>nd</sup> Serial Number:
3 <sup>rd</sup> Serial Number:	4 <sup>th</sup> Serial Number:

Nature of Complaint:

**Please note:** All information which will help to rectify the failure, like EBS data and photos are extremely helpful and may be requested.

Description of Repair (Please follow the manufacturer's manuals and procedures – list parts used on a separate sheet)

**PLEASE KEEP FAILED PARTS UNDER COVER UNTIL THE CLAIM IS RESOLVED – THEY MAY BE REQUESTED FOR INSPECTION. DO NOT SEND ANY FAILED PARTS BACK TO FUWA K HITCH WITH OUT AN R.G.O. !**

Total hrs. of Labour (as per LGL's):  \$/hr:

**CLAIM DECISION:**  ACCEPTED  DENIED  POLICY

Refer to Warranty Report:  (only issued for denied / policy claims or on request)

Parts supplied (FOC) Invoice No.  B-Transfer:  Credit Note:  Cheque No

Parts \$:  Labour \$:  Other \$:  Failure Code:

Reviewed by:  Date Claim closed:

Upon completion of this form, please e-mail, fax or send it to FKH Product Support at:

**Fuwa K Hitch Melbourne**  
**13-21 Bliss Court, DERRIMUT VIC 3026**  
[matthewc@khitch.com.au](mailto:matthewc@khitch.com.au), Phone 03 9369 0000 Fax 03 9369 0100