



**FUWA K HITCH (AUSTRALIA) PTY LTD**  
**MELBOURNE - BRISBANE - PERTH**  
**WARRANTY CLAIM FORM**

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

Claim No:

Date:

**Please circle which Product this Claim is for:**

Air Suspension	AS	Landing Legs	LL	King Pin	KP	Spare Parts Claim	SP
Mech. Suspension	MS	5 <sup>th</sup> Wheel	FW	Ball Race	BR		
Axle	TA						

Vehicle Owner:  Phone:   
 Address:

Repairer:  Phone:   
 Address:  Claim No:

Date in Service:	Date of failure:
Date part invoiced (for SP only):	Original Invoice Number:
OEM/Make & Model:	KM/Hours at the time of failure:
Chassis/Vin Number:	Date of repair:
Vehicle Application:	Rego:

Failed product details:

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 – photos are extremely helpful and may be requested).

Description of Repair (Please adhere to 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 fax or post it to:**

**FKH MELBOURNE**  
**13-21 BLISS COURT**  
**DERRIMUT VIC 3030**  
**FAX: 03 9369 0100**

Job No: \_\_\_\_\_ P/O No: \_\_\_\_\_  
 Acct No: \_\_\_\_\_ GRN No: \_\_\_\_\_