



# FUWA K HITCH (AUSTRALIA) PTY LTD

## WARRANTY CLAIM FORM

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

Date:	FKH Claim No:
-------	---------------

Please select which FKH Product this Claim is for.	Trailer Axle	TA <input type="checkbox"/>	5 <sup>th</sup> Wheel	FW <input type="checkbox"/>	Air Suspension	AS <input type="checkbox"/>	Landing Legs	LL <input type="checkbox"/>
	King Pin	KP <input type="checkbox"/>	Ball Race	BR <input type="checkbox"/>	Mech. Suspension	MS <input type="checkbox"/>	Spare Parts Claim	SP <input type="checkbox"/>

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:
--------------------------------------	--------

<b>CLAIM DECISION:</b>	ACCEPTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	POLICY <input type="checkbox"/>
Refer to Warranty Report:	(only issued for denied / policy claims or on request)		
Parts supplied (FOC) Invoice No.	B-Transfer: <input type="checkbox"/>	Credit Note: <input type="checkbox"/>	Cheque No.
Parts \$:	Labour \$:	Other \$:	Failure Code:
Reviewed by:	Date Claim closed:		

Upon completion of this form, please e-mail FUWA K-Hitch with all supporting information:

[warranty@khitch.com.au](mailto:warranty@khitch.com.au)