



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:
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Please select which FKH Product this Claim is for.	Trailer Axle	TA <input type="checkbox"/>	5 th 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:

Date in Service:	Date of Failure:
OEM:	At the time of Failure, KM:
Model:	Hours:
Chassis/Vin No:	Date of repair:
Registration No:	Invoice Number:
Fleet #:	EBS fitted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Application:	Nature of Operation: On Road <input type="checkbox"/> Off Road <input type="checkbox"/>
Trailer Type:	

{On Road, minimum 75% sealed road use}

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

Component Model:	Part Number:
1 st Serial Number:	2 nd Serial Number:
3 rd Serial Number:	4 th Serial Number:

Description of Complaint:

SUPPORT INFORMATION MUST BE SUBMITTED: The following information is required to process warranty claims, EBS data in "TSO" format (ODR Download), Service History, Trailer Drawing, Photo's of component in place, Photo's of trailer & combination.

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

Warranty Parts MUST be sent back to the nearest FUWA K-Hitch Branch for inspection.

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