

# OZTEC 4x4 Suspension

## Warranty Assessment Form

Please complete one form for each item claimed for warranty.

**Claims will not be considered unless all details are provided.**

All components (e.g. bushes & washers on shock absorber) relating to the claimed product must be returned or claim will not be considered.

<b>Part Number:</b>		<b>Date Code:</b> (Applies to Shocks only)							
<b>Vehicle Make:</b>		<b>Model:</b>							
		<b>Month &amp; Year:</b>							
<b>Date Fitted:</b>	<b>Odometer:</b>	<b>Failure Date:</b>	<b>Odometer:</b>						
<b>Invoice Number:</b>	<b>Date:</b>	Please attach copy of vehicle owner's invoice / proof of purchase							
<b>Installed by:</b>		<b>Installers Address</b>							
<b>Accessories fitted to vehicle: (e.g. Bull Bar, Winch, Roof Rack, Roller Drawers, LPG etc)</b>									
<b>Vehicle Owner's Name:</b>		<b>Address:</b>							
		<b>Phone No:</b>	<b>Fax:</b>						
<b>Name of Store or Workshop where goods purchased:</b>		<b>Address:</b>							
<b>Contact Person's Name:</b>		<b>Phone No:</b>	<b>Fax:</b>						
<b>Reason for return of:</b> Shock Absorber: Coil Spring: Leaf Spring:									
<b>Other:</b> Please specify type: _____ Detail fault: _____									
Please circle component type above and tick fault type box below.									
<b>Noise</b>		<b>Oil/Gas Leak</b>		<b>Control</b>		<b>Broken/Worn</b>		<b>Broken Coil/Leaf</b>	
<input type="checkbox"/>	Knock	<input type="checkbox"/>	Top seal	<input type="checkbox"/>	Binding	<input type="checkbox"/>	Upper mount	<input type="checkbox"/>	Coil
<input type="checkbox"/>	Rattle	<input type="checkbox"/>	Top seam weld	<input type="checkbox"/>	Weak	<input type="checkbox"/>	Upper bushing	<input type="checkbox"/>	Leaf, Main
<input type="checkbox"/>	Squeak	<input type="checkbox"/>	Bot' seam weld	<input type="checkbox"/>	Seized	<input type="checkbox"/>	Lower mount	<input type="checkbox"/>	Leaf, Wrap
<input type="checkbox"/>	Thump	<input type="checkbox"/>	Bot' Supp' weld	<input type="checkbox"/>	Stiff / Hard	<input type="checkbox"/>	Lower bushing	<input type="checkbox"/>	Leaf, Other
<input type="checkbox"/>		<input type="checkbox"/>	Split tube	<input type="checkbox"/>		<input type="checkbox"/>	Loose dirt shield	<input type="checkbox"/>	Centre bolt
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Bent piston rod	<input type="checkbox"/>	Wrap/Bolt Clip
Vehicle Hub centre to Guard measurements taken prior to fitment.			Vehicle Hub centre to Guard measurements taken at time of fitment.			Vehicle Hub centre to Guard measurements taken at time of claim.			
LHF		RHF	LHF		RHF	LHF		RHF	
LHR		RHR	LHR		RHR	LHR		RHR	