

Company Name:

Contact Name:

Phone:

Fax:

RFC Number:

## Details of claim unit being returned

Unit type:

Part number:

Original purchase Invoice no:

Fitment date:

Detailed fault:

Has a replacement unit been fitted to the vehicle? YES / NO

Please note: This form must be returned with every claim unit. Failure to return this form may result in the delay of any warranty testing and credit / replacement that may follow if unit is found to be faulty. Unit must be tested by RAE to confirm valid warranty.