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Product claim form NR ____ / 202 ____

Form Date

Customer (Name of company)

Reporting person

Contact phone

Contact e-mail

Claimed parts

DFE article Nr	Product description	Pcs.	Purchase Document	From date

Vehicle data

Producer : Model : From year :

VIN nr : Mounting date : Kilometers :

Damage :

Damage date : Kilometers :

Damage description :

Rapport attachments :

In claim procedure we ask about :

Attention : return of claimed goods is possible only after „authorization" of this form in DFE (otherwise the goods will not be accepted and the complaint process will not be initiated) After closing claim process damaged goods (if customer didn't declare return) are automatically scrapped after 7 days