

# Warranty Claims Form

## For Parts Fitted



Customer's Name

Date

Customer's Address

Symptoms of Fault

*Please be advised "Faulty" or "Does not work" is not sufficient*

Vehicle Make & Model

Vehicle Reg.

Chassis No.

Date Fitted

Date Removed

Mileage Fitted

LSC Invoice Number

Additional Information

Print Name

Sign Name

**Return to**

Leader Specialist Components  
56 Holmethorpe Avenue  
Redhill  
RH1 2NL

Tel No.

01737 236640

Email

[warranties@leadercomponents.com](mailto:warranties@leadercomponents.com)