

# Warranty Claims Form

## For Parts Fitted



<u>Customer's Name</u>		<u>Date</u>
<u>Customer's Address</u>		
<u>Part Number</u>		
<u>Symptoms of Fault</u> <i>Please be advised "Faulty" or "Does not work" is not sufficient</i>		
<u>Vehicle Make &amp; Model</u>	<u>Vehicle Reg.</u>	
<u>Chassis No.</u>		
<u>Date Fitted</u>	<u>Date Removed</u>	<u>Mileage Fitted</u>
<u>LSC Invoice Number</u>	<u>LSC Part Number</u>	
<u>Additional Information</u>		
<u>Print Name</u>	<u>Sign Name</u>	
<b>Return to</b> Leader Specialist Components 56 Holmethorpe Avenue Redhill RH1 2NL	<u>Tel No.</u> 01737 236640 <u>Email</u> <a href="mailto:warranties@leadercomponents.com">warranties@leadercomponents.com</a>	