

Table 1



Please complete this form in full and submit it along with all required supporting documents. Incomplete forms may delay processing of your claim.

1. Customer Information

Full Name	
Address	
Phone Number	
Email Address	

2. Vehicle Information

Make	
Model	
VIN	
Registration Number	
Current Mileage	
Date of Purchase	

3. Claim Details

Date Fault Occurred	
Description of Fault / Failure	

4. Declaration

Customer Signature	
Date	

I declare that the information provided in this claim form is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in claim rejection.

Please attach any relevant supporting documentation.