

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.*