Z.830.00.04

WARRANTY CLAIM no: _____*

(* - fill Cer Motor)

CER MOTOR Sp. z o.o.
ul.Rezedowa 19, 04-232 Warszawa

Customer – name - address

Date of claim ….. ……

Original invoice no ……

Date of the invoice …… …

Workshop:
Name .....
Address.....
Tel. .....

Responsible person

Part Number Cer Motor -

Qty - ..... pcs./set

Vehicle details
MAKE .....
MODEL .....
ENGINE CODE ……..
CC .....
YEAR .....
TOTAL MILAGE .....
OIL ..... Date of replace .....
FILTERS ..... Date of replace .....

Reason of previous repair .....
.....
.....
Date of installation ……km……..
Date of removal ……..km……

Failure description ..... ……
.....
.....
.....
.....
.....
.....
.....
.....

Possible actions : credit note ☐ replace ☐ others ☐ ……

(Please provide any paperwork to validate claim amounts)

.....
sign

*CLAIM ACCEPTED ☐ * CLAIM REJECTED ☐ (*- fill Cer Motor)

Please send all alleged defective parts with warranty claim document to:
CER MOTOR SP Z O.O.
UL.REZEDOWA 19, 04-232 WARSZAWA, POLAND