


WARRANTY FORM

Supplier:  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Firma Dinex A/S Fynsvej 39 5500 MIDDELFART DÄNEMARK </div>		Recipient:	
Date:	Recipient claim No.:	Contact person, e-mail:	
Dinex No.:		Qty.:	Serial No.:
Delivery date:		Invoice No. + date:	
Mounting date/km:		Dismantle date/km:	
Vehicle manufacturer and type:		Chassis no.:	
Manufacture date:	Engine-Type:	Capacity, cm3:	HP/KW:
Description of the claim: _____ Photo enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>			
Filter and Retrofit issues: Dinlog Data enclosed Yes <input type="checkbox"/> No <input type="checkbox"/> Vehicle Reg. ID _____			
EURO IV/V issues:			
Increased noise level	Yes <input type="checkbox"/> No <input type="checkbox"/>	Engine lost power	Yes <input type="checkbox"/> No <input type="checkbox"/>
Crack on overcoat/pipe/weld	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vehicle run in safety mode	Yes <input type="checkbox"/> No <input type="checkbox"/>
Check engine light ON	Yes <input type="checkbox"/> No <input type="checkbox"/>	Failure code enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Another:			
Packing mistakes:			
Dinex No.:	Qty. invoiced:	Qty received:	

*For succesfull claim treatment warranty form should be full filled and with all required attachment.