

Warranty CLAIM FORM



Please note: only shock absorbers with a completed warranty claim form and a purchase invoice will be taken into consideration

CAR

BUS

TRUCK

TRAILER

To be filled in by retailer / wholesaler	
FITTER / GARAGE	
Name :	_____
Address :	_____
Telephone :	_____
SHOCK ABSORBER	
Component number :	_____
Production date :	_____
Fitting date :	_____
Defect date :	_____
Used kilometres :	_____
Adjusted:	_____
Complaint :	_____
VEHICLE	
Make :	_____
Model :	_____
Year of manufacture :	_____
Mileage :	_____
Owner :	_____
WHOLESALER	
Name :	_____
Address :	_____
Telephone :	_____

To be filled in by the distributor	
KONI DISTRIBUTOR	
Name :	_____
Serial number :	_____
(Client number +...)	_____
COMPLAINT CODES	
1	<input type="checkbox"/> Noise (ticking sound)
2	<input type="checkbox"/> Chrome, piston rod / damper
3	<input type="checkbox"/> Floating piston (HPG)
4	<input type="checkbox"/> Leaking, rod seal / O-ring
5	<input type="checkbox"/> Loose, piston / securing bolt
6	<input type="checkbox"/> Damping forces incorrect
7	<input type="checkbox"/> Upper / lower attachment
8	<input type="checkbox"/> Foot valve
9	<input type="checkbox"/> Dirt in damper
10	<input type="checkbox"/> Piston rod broken / bent
11	<input type="checkbox"/> Adjusting mechanism
12	<input type="checkbox"/> Paint
13	<input type="checkbox"/> _____
Gravity level:	
High	Level 1 <input type="checkbox"/> _____
Medium	Level 2 <input type="checkbox"/> _____
Low	Level 3 <input type="checkbox"/> _____
Not Definable	<input type="checkbox"/> _____

To be filled in by KONI	
Receiving date :	_____
Assessment date :	_____
Assessed by :	_____
Warranty :	<input type="checkbox"/> yes <input type="checkbox"/> no
Repair :	<input type="checkbox"/> yes <input type="checkbox"/> no
Charge :	_____