



# Warranty Claim Form

*( Form must be completed in full or claim will NOT be processed )*

Approval No.: \_\_\_\_\_ Master Claim No.: \_\_\_\_\_

To: Select Scootas Pty Limited, 8 Elite Way, Carrum Downs Vic 3201. Fax: (03) 8773 0234

*Owner Name:		*Dealer Name:	
*Address:		*Suburb:	*State:
*Suburb:		*Claim No.:	*Date:
*State:	*Owners Phone No:	*Submitted By:	

*Model:	V	I	N																
*Engine No:		*Purchase Date:		*Failure Date:		*Odometer:													

*Claim Type:		Normal		Goodwill		Shortage/Damage
(mark X)		Spare Parts		Labour Only		Replacement Parts (below)

	*PART No.	*QTY	*DESCRIPTION
1			
2			
3			
4			
5			
6			

*Fault Description	FRT

**DO NOT ORDER PARTS PRIOR TO THE WARRANTY CLAIM SUBMISSION AS PARTS ARE ALLOCATED PER CLAIM AND PRIOR PURCHASE INVOICES WILL NOT BE CREDITED.**

\*Dealer Service Manager: \_\_\_\_\_

Select Service Manager: \_\_\_\_\_ Approval Date: \_\_\_\_\_

\* Indicates required field must be fully completed.

Revision 3.1