



ZGŁOSZENIE REKLAMACYJNE

Distributor	HM GORDON SP Z O.O.		
Customer nr		Contact person	
Phone nr		Fax	
E-mail		Complaint nr	

GATES number	Quantity

One warranty request form must be filled in per claim and enclosed in the shipment to Gates Technical Centre.

Reason of complaint:

If product has been mounted in the vehicle:

Vehicle data

Make		Model	
Engine capacity		VIN	
First registration date		Mileage	
Vehicle registration nr		Failure date	

GATES item informations

Installation date		Mileage during exploitation	
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Workshop data

Workshop name		Phone nr	
Fax		E-mail	
Workshop address			

Accurate description of failure

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Has the application been checked and completed correctly? Yes No

Have below documents been included:

- a. assembly bill? Yes No
- b. bill for repair of damage caused by malfunction of Gates product? Yes No
- c. copy of vehicle registration nr? Yes No

If not, why?:

Return item if complaint will be rejected? Yes No

Name:	Function:	Date: ____/____/____
Signature and seal of distributor:		

ADMINISTRATION	
GATES CLAIM NUMBER:	