

Warranty Claim Form



Customer name : _____ Customer Claimreference : _____
City : _____ Customer claim date : _____ dd-mm-yyyy
Country : _____ KONI Customer number : 1,016,307

Please note : Only fully completed Warranty Claim Forms will be processed. Claims must comply with the KONI Warranty Procedure. For Car shock absorbers; maximum of 1 damper, per vehicle, per Form.

To be filled-out by retailer / wholesaler

FITTER / GARAGE

Name : _____
Address : _____
City : _____
Telephone : _____

SHOCK ABSORBER

Component number : _____
Quantity (Car = max 1 pc) : _____
Production date : _____ yyyy - mm
Fitting date : _____ dd-mm-yyyy
Defect date : _____ dd-mm-yyyy
Used kilometres : _____ Km
Adjusted : _____ Yes / No

Complaint (description) : _____

VEHICLE

Make : _____
Model : _____
Manufacturing date : _____
Kilometres driven : _____
Owner : _____

To be filled-out by the distributor

COMPLAINT CODES

- 1 ☐ Noise (ticking sound)
- 2 ☐ Chrome, piston rod / damper
- 3 ☐ Floating piston (HPG)
- 4 ☐ Leaking, rod seal / O-ring
- 5 ☐ Loose, piston / securing bolt
- 6 ☐ Damping forces incorrect
- 7 ☐ Upper / lower attachment
- 8 ☐ Foot valve
- 9 ☐ Dirt in damper
- 10 ☐ Piston rod broken / bent
- 11 ☐ Adjusting mechanism
- 12 ☐ Paint
- 13 ☐

* When complaint code 13 is used, please enter description of the complaint on the lines above

Use document "Assessment of Warranty Claims on KONI Shock absorbers"

To be filled-out by KONI

Assessed by : _____
KONI Claimno. : _____