

LPI WARRANTY REQUEST FORM

Date Claim Submitted	
Account Code	Contact Name
Part N°	Qty
Britpart Invoice N°	Invoice Date

Reason for return (Please give as much information as possible)

Where did it fail? (Please Select)
W = Own Workshop <input type="checkbox"/>
T = Sold onto Trade <input type="checkbox"/>
p = Sold onto Public <input type="checkbox"/>

Reason For Return (please select)	
<input type="checkbox"/> 10 = Failed In Service - Broken	<input type="checkbox"/> 02 = Incomplete
<input type="checkbox"/> 07 = Failed In Service - Electrical	<input type="checkbox"/> 12 = Incorrect Labelling
<input type="checkbox"/> 09 = Failed In Service - Mechanical	<input type="checkbox"/> 13 = Leaking
<input type="checkbox"/> 04 = Failed on Fit	<input type="checkbox"/> 03 = Received Damaged
<input type="checkbox"/> 05 = Failed within 48hrs	<input type="checkbox"/> 14 = Unhappy With Quality of Part

Has the part been fitted to a vehicle? - If so please complete the vehicle details section in full
Yes <input type="checkbox"/>
No <input type="checkbox"/>

Vehicle Details	
Date Fitted	
Mileage Fitted	
Date Failed	
Mileage Failed	
Chassis N° (VIN)	