

RETURN/WARRANTY CLAIM FORM



Phone: (03) 9896 7300
cooldrive.com.au

Indicate which branch goods were returned to: _____

Dealer/Repairer Name: _____

Contact Name: _____

Phone No: _____

CoolDrive Part No: _____

Invoice No: _____

Replacement Product Invoice No: _____

Part Description: _____ Kms/Hrs Installed: _____

Date Installed: _____ Kms/Hrs Failed: _____

Date Failed: _____

Vehicle Make: _____

Model: _____

Year of Manufacture: _____

Reason for claim: (Please be explicit - this will speed up the processing of your claims.
"Not Working" is insufficient information).

OFFICE USE ONLY

GRN/CR: _____ Date: _____

G/L Acc: _____ Received by: _____