

OES DISTRIBUTOR RETAILER INSTALLER FINAL CUSTOMER

COMPANY: _____

PERSONAL CONTACT: _____

ADDRESS: _____

ZIP CODE: _____ - _____ CITY: _____ COUNTRY: _____

PHONE: _____ CELLPHONE: _____ E-MAIL: _____

PART

Return part: Send pictures: Neither of these options:

| VENEPORTE REF. | OEM REF. | BATCH NR. | QUANTITY | PRODUCT DEFECT CODE * | INSTALLATION DATE | KM AT INSTALLATION | KM AT REPAIRATION |
|----------------|----------|-----------|----------|-----------------------|-------------------|--------------------|-------------------|
| | | | | | | | |

| * PRODUCT DEFECT CODE | | | | | | | |
|-----------------------------|-------------------------------|-------------------------|---|--|---------------------------|--|--|
| 01 = Noise / vibration | 02 = Insufficient performance | 03 = Leakage | 04 = Rust | 05 = Assembly | 06 = Broken pipe / anchor | | |
| 07 = Dented parts / damaged | 08 = Blocked part | 09 = Missing components | 10.1 = Packing mistakes - Veneporte resp. | 10.2 = Packing mistakes - Customer resp. | | | |

VEHICLE

| MAKE | MODEL | CM3 | FUEL | YEAR / MONTH |
|------|-------|-----|------|--------------|
| | | | | |

| Documents: | | | |
|-----------------------------|--|-------|-----|
| Proof assembly date: | | Date: | / / |
| Veneporte purchase invoice: | | Date: | / / |
| Other: | | Date: | / / |

1. Customer claim reason: _____

2. Claim description: _____

3. In the opinion of the repairer, what is the root cause: _____

4. What problems are identified / presented in the exhaust system prior to assembly of the Veneporte part:

5. Improvement suggestions: _____

DATE: _____ / _____ / 20____ SIGNATURE: _____

IMPORTANT:

- 1) To accept the claim, all fields must be filled, form dated and signed;
- 2) Identify the component through the Veneporte claim tag;
- 3) Additional information may be required by the Veneporte Quality Department;
- 4) Attach a copy of the invoice (s) of the component purchase as proof of warranty claim;
- 5) Veneporte products have a 3 years warranty against manufacturing defects;
- 6) Send form to aftersales@veneporte.pt or Rua Jesse de Almeida 412. Apt.: 20 3754-908 Águeda – Portugal
- 7) Other information in www.veneporte.pt

To be completed by Veneporte Quality Department:

Claim Nº.: _____

Warranty: YES NO

Received: _____ / _____ / 20____

Responsible: _____