

# Warranty Goods Return Form



Leader Specialist Components Ltd

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## Customer Information

Account number:

Name and Address:

Phone:

Email:

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## Goods Information

Part number:

Description:

Date Invoiced:

Invoice Number:

## Vehicle Information

Make & Model :

Year :

Registration No :

VIN No :

Date Fitted : Mileage at Fitting :

Date Removed: Mileage at removal :

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**Fault Information**—Give exact details of the fault including fault codes and all symptoms. “Not working” or “Faulty” will not be accepted for warranty claim.

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Print Name:

Sign Name:

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## Labour Claims

*Labour claims must be indicated immediately upon returning the goods and included with this form. Attach letter headed labour invoice detailing the number of hours and amount claimed. Any part with a labour claim will have to be returned to the manufacturer for testing and will delay the processing of your claim. If the part is not found to have a manufacturing error then the entire claim will be void, including the part.*

## Programming and Diagnostics

*For programming issues eg. “will not program” include a print screen of the problem in the software, as well as the name of the software used.*