

THE COMPLAINT FORM

#:.....

DATE:

BUSINESS PARTNER STAMP

CAR DETAILS

Make::

Model:

Production year:

Body type:

Product code:

Quantity:

Type of document / number / date of purchase:

Point of sale address:

Has the product been assembled?

Yes

No

Installation:

Date:

Counter state:

Deinstallation:

Date:

Counter state:

DETAILED DESCRIPTION OF THE FAULT:

TIME AND CIRCUMSTANCES OF FAILURE DETECTION:

Comments:

Decision:

The applicant's signature :

OXIMO® reserves the right to request additional documents if it considers it necessary to determine the cause of the defect.



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