



NIPPARTS®
The Original

COMPANY USE ONLY	
CLAIM NO. NP	
DATE	
CLAIM NO. CUSTOMER	

WARRANTY CLAIM FORM

NAME AND ADDRESS OF DISTRIBUTOR	RETURNING CUSTOMER NAME AND ADDRESS

DETAILS OF COMPONENT

DETAILS OF VEHICLE

NIPPARTS PART NUMBER		VEHICLE BRAND	
OE PARTS NO.		MODEL	
DATE OF PURCHASE		YEAR	
DATE OF FAILURE		ENGINE NO.	
INSTALLATION AT KM		CHASSIS NO.	
FAILURE AT KM		ENG SIZE (CC)	
TOTAL KM TO FAILURE SINCE INSTALLATION			
DAMAGE COST			
LABOUR COST			

PRECISE DETAILS OF FAULTS CLAIMED

COMPANY USE ONLY

SUPPLIER NAME		TRANSPORT COST	
SUPPLIER NUMBER			
LABOUR COST INVOLVED			

IF LABOUR COST ARE INVOLVED OR DAMAGE COST WE NEED ORIGINAL INVOICES TO PROCEED WARRANTY CLAIM

SIGNED _____ PRINT NAME _____ POSITION _____

SIGNED, DATED _____