

WARRANTY CLAIM

Speed up the processing of your claim by fully completing this form.



Date of the claim: _____ Dealer name: _____

Contact: _____

Dealer #: _____ Phone #: _____

Installation performed by: Dealer Owner

Number of hours of use: _____ Date sold: _____

Track system serial #: | | | | | | | | | | | | | | | |

Installed on the following vehicle: _____

Year / Make / Model / CC

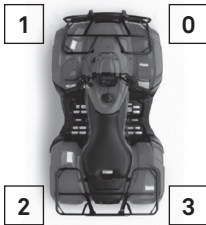
Please attach: Original customer invoice
3 photos of damaged parts (MANDATORY)

INCIDENT REPORT

Description of problem: _____

AFFECTED FRAME

ATV/UTV



DTS 129



List of the parts required to carry out the repairs:

PART #	QTY	DESCRIPTION



**INCOMPLETE CLAIMS
WILL TAKE LONGER TO PROCEED**

Please return this form by email to dealer.atv@camso.co
KEEP A COPY OF THIS FORM FOR YOUR RECORDS