

# 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

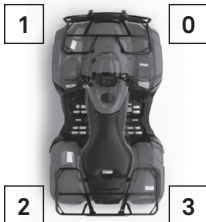
3 photos of damaged parts (MANDATORY)

## INCIDENT REPORT

Description of problem: \_\_\_\_\_

## AFFECTED FRAME

ATV/UTV



DTS 129



List of the parts required to carry out the repairs:

PART #	QTY	DESCRIPTION



Please return this form by email to [dealer.atv@michelin.com](mailto:dealer.atv@michelin.com)  
KEEP A COPY OF THIS FORM FOR YOUR RECORDS