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





Date of the clain	n:	Dealer name:	
Contact:			
Dealer #:		Phone #:	
Installation perf	ormed by: Dea	aler Owner	
Number of hour	s of use:	Date sold:	
Track system se	rial #:		
Installed on the	following vehicl	le:	
		Year / Make / Model / CC	
Please attach:	Original customer invoice   3 photos of damaged parts (MANDATORY)		
INCIDENT REPORT			
AFFECTED FRAME ATV/UTV 1	0		
List of the parts PART #	required to car QTY	rry out the repairs:  DESCRIPTION	
PARI#	- Q11	DESCRIPTION	—