

# WARRANTY CLAIM FORM

Warranty Providers Name:

Monash Electric Motors Pty Ltd T/A BCB Sales & Service (Vic)

ABN 67 079 036 632

Warranty Providers Address:

F1-2 / 73 Main Road, Clayton South VIC 3169

Client:

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Contact No:

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Address:

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Description of Goods / Part Number:

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Invoice / Receipt Number:

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Description of defects (Give as much detail as possible. Use a separate page if required):

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Date of purchase:

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I hereby declare that the information provided above is true and correct and to the best of my knowledge and belief and I have complied with all the conditions of the warranty.

Signed: .....

Name (please print): .....

Dated: .....

[Please note, the issue or completion of this form by the Client does not constitute an admission of liability by BCB]