

**GUARANTEE CLAIM FORM**

Name of the company:	Name of the service centre repairing the defect:
Name and surname of the person completing the form:	Contact data of the service centre:
Phone number:	
E-mail:	
VIN:	
Make:	Notes (to be filled out by the Guarantor):
Approval number:	
Body type:	
Date of purchase/date of invoice issue:	

Defect:

City and date:

Signature and stamp of the person completing the form: