

## **Guarantee claim form**

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

Defect

City and date

Signature and stamp of the person completing the form



**INVESTO Tomasz Muszkiewicz** Owner of "Busconcept" Brand ul. Trzy Lipy 3, 80-172 Gdańsk, Poland office@busconcept.eu

