

## **COMPLAINT FORM**

Date  $\underline{(Y,Y,Y,Y)} = \underline{(M,M)} = \underline{D,D}$ 

Company Name	Customer no	o. Telephone no.		Claim no. (to be filled by Polcar Claim Dpt.)	
Polcar reference no.	Quantity	ty Polcar Invoice no.		Purchase date	
1. VEHICLE DATA					
Make, model, car boo	dy configuratio	on (SDN, HB, LB, SW)	VIN no.		
Engine no.			Year of product		pox type (AT/MAN)
Engine code			-	John	
Assembly Y,Y,Y,Y			Y,Y,Y,Y,- <sub>[M,N</sub>	/, - D, D,	Place of assembly
Mileage		Mileage			
2. DESCRIPTION OF F		•			
Documents attached  3. EXPECTED ACTION  Replace with new p		2			
If Complaint					(Signature)
		ncorrectly or ha	s not been provid		
		ncorrectly or ha	s not been provid		(Signature) will be rejected.
4. INSPECTION OF TH	Form is filled i	ncorrectly or ha	s not been provid		
4. INSPECTION OF THE Point to be filled by Polcar Clain	Form is filled i	ncorrectly or ha	s not been provid		
	Form is filled i	ncorrectly or ha	s not been provid		
	Form is filled i	ncorrectly or ha	s not been provid		
	Form is filled i	ncorrectly or ha	s not been provid		
	Form is filled i	ncorrectly or ha	s not been provid		will be rejected.
	Form is filled i	ncorrectly or ha	s not been provid	led, claim	will be rejected.