O	U	AL	ITY	CHE	CK	FORM	M N	UN	IBFR



K NOTE REFERENCE

This form must be completed in all detail and returned with the parts, or the claim cannot be processed

Please print clearly in	BOLD letters		
Customer:	Date:		Account No:
VEHICLE DETAIL:			
Reg:	Make:		Model:
Date Fitted:		Date Removed:	
Mileage Fitted:		Mileage Removed:	
Parts Fitted (Exhausts,	Catalytic Converters , DPI	F's & Mounts):	
Part Number			
Emboss Detail			
Please give a brief des	cription of fault:		
		s control range is cov	vered by a 2 year or 24,000 miles
DPF's are only covered	l for structural failure.		
Please note that block the blockage is a symp		under warranty - A bl	locked DPF is not a warranty issue as
•			he emissions failure report, including o Klarius for investigation.
Branch Manager Name	2:	Sig.	
Driver Name:		Sig.	