



# Serfac Limited

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## Warranty Register Form

Once you have completed this form please fax it back to 01 4598709

\* Customer Name:

\* Please Print

\* Customer Reference:

\* Date

TO ENABLE US TO HELP YOU WITH YOUR CLAIM, WE REQUIRE INFORMATION AS DETAILED \*.  
FAILURE TO PROVIDE THIS MAY RESULT IN YOUR CLAIM BEING REJECTED.

### WARRANTY DETAILS

* Date :	* Vehicle Reg:
* Vehicle Make :	* Model :
* Part Number :	* Quantity :

### REPAIR DATES

* Fitted :	* Removed :
* Mileage Covered :	

### \* DESCRIPTION OF COMPLAINT

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Labour Claim Details:

Total Claim Value:

Hrs:

Per Hr:

PLEASE SUPPLY A COPY OF THE LABOUR INVOICE