



Warranty Claim Card /Form

Warranty Registration No. (If applicable)

This claim cannot be accepted without the registration documents

Please enclose (If applicable)

Trailer Manufacturer: Date of Manufacture:

Chassis no.

Date entered service: Date of registration:

Date of Failure: Day..... Month:..... Year,..... Distance Travel Km :

Address - User of Trailer:

Axles and Suspensions: Data from York Name Plate

	Air Susp.	
1-Axle Serial Number(S)	Suspension Serial Number(s)	<input type="text"/>
2-Axle Serial Number(S)	Suspension Serial Number(s)	<input type="text"/>
3-Axle Serial Number(S)	Suspension Serial Number(s)	<input type="text"/>
4-Axle Serial Number(S)	Suspension Serial Number(s)	<input type="text"/>
5-Axle Serial Number(S)	Suspension Serial Number(s)	<input type="text"/>

Mechanical Susp Type :	<input type="text"/>
Landing Gear Type;	Serial No. <input type="text"/>
5th Wheel Coupler Type:	Serial No. <input type="text"/>

Operational Use: Off Road Conditions.....%, Tarred roads.....%, Dirt road.....%

Trailer type;	Drawbar Trailer	<input type="checkbox"/>	Flatbed	<input type="checkbox"/>
	Semi Trailer	<input type="checkbox"/>	Box type	<input type="checkbox"/>
	Interlink Combination Trailer	<input type="checkbox"/>	Tipper	<input type="checkbox"/>
		<input type="checkbox"/>	Tank	<input type="checkbox"/>
		<input type="checkbox"/>	Low Loader	<input type="checkbox"/>

Permitted Gross Weight per Axle:

Reason For Complaint / Faulty equipment.

Description of part(s) claimed:				Replaced		Warranty	Labour	Labour	Total	
Item	Part Number	Description / Serial number of failed parts	Investigation /	Repaired	Qty	Yes / No	(code)	(Hrs)	Rate	labour

For York Transport Equipment office use.	
Claim	Description / Explanation :
Approved :	
Rejected :	
Date :	
Signature QC :	Approval Signature:

