



(Reg. No. 1982/003629/07 - VAT No 4290255928)

IRONMAN 4X4 AFRICA Pty Ltd (RF)

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A MEMBER OF THE **Hudaco** GROUP

WARRANTY CLAIM FORM

All sections of this form **must** be completed and **returned** to warranty@ironman4x4.co.za to initiate your claim. Please include all information along with corresponding photos.

Business Name:	<input type="text"/>	Account Number:	<input type="text"/>
Contact Person:	<input type="text"/>	Phone Number:	<input type="text"/>
Ironman 4x4 Invoice Number:	<input type="text"/>	Invoice Date:	<input type="text"/>
Retail invoice number:	<input type="text"/>	Date of sale:	<input type="text"/>
Date of claim:	<input type="text"/>	Date of failure:	<input type="text"/>
Customer Name:	<input type="text"/>	Customer phone number:	<input type="text"/>
Part Number:	<input type="text"/>		

Reason for claim

(Please provide as much information as possible – this will speed up the processing of your claim. “Not working” is insufficient information. If there is insufficient space, please add additional sheets).

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Supporting Documentation

(For your claim to be processed, we require **all** documentation. If not, the claim will be delayed or denied)

<input type="checkbox"/> Images of the Issue	<input type="checkbox"/> Suspension Installation Form	<input type="checkbox"/> Other
<input type="checkbox"/> Proof of Purchase	<input type="checkbox"/> Customer's proof of purchase	

Office use only

Date Actioned:	<input type="text"/>	Actioned by:	<input type="text"/>
Outcome:	<input type="text"/>	Outcome Date:	<input type="text"/>
Reason:	<input type="text"/>		