



REQUEST FOR WARRANTY

DISTRIBUTOR		WAT DIRECCIONES, S.A. Polígono industrial Goitondo 48269 MALLABIA (Vizcaya) Telephone N°: 943170450
NAME:		
TOWN:		
PROVINCE:		
TELEPHONE NO:		
CONTACT PERSON:		

1. DETAILS OF THE CLAIMED PART	
WAT REFERENCE:	PART DESCRIPTION:
DATE OF ASSEMBLY:	CLAIM DATE:
KMS. ASSEMBLY DATE:	KMS. AT THE TIME OF THE CLAIM:
2. VEHICLE DETAILS	
MAKE:	POWER (CV/KW):
MODEL:	
CHASSIS N°:	Note: Attach a photocopy of the vehicle documentation.
3. WORKSHOP MAKING ASSEMBLY	
NAME:	TELEPHONE NO:

4. REASON FOR CLAIM	
CAR IMMOBILISED: YES NO	RESOLUTION: CREDIT REPAIR

5. COMMENTS	TO BE FILLED IN BY WAT
	ORDER N°:
	INVOICE N°:
	DATE:

DISTRIBUTOR: Stamp and Signature:	TECHNICAL DEPARTMENT: Signed:
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