

COMPLAINT FORM

Date $\underline{Y}, \underline{Y}, \underline{Y}, \underline{Y}, \underline{-M}, \underline{M}, \underline{-D}, \underline{D}$

Company Name	Customer no	. Telephone no	0.	Claim no	. (to be filled by Polcar Claim D
Polcar reference no.	Quantity	Polcar Invoice n	10.	Purchas	se date
1. VEHICLE DATA					
Make, model, car boo	dy configuratio	n (SDN, HB, LB, SW)	VIN no.		
Engine no.			Year of production	Gearb	oox type (AT/MAN)
Engine code				<u> </u>	
Assembly Y,Y,Y,Y	_ <u>M M , – . D , C</u>	Disassembly L	<u> </u>	- <u>D</u> , D	Place of assembly
Mileage		Mileage			
2. DESCRIPTION OF F	AILUNE / GLA	HIVIED ANTIGLI	<u>-</u>		
Documents attached	d to Complaint	Form: 1.			
3. EXPECTED ACTION Replace with new p		2)ther		
Replace with new p	oroduct Cr	2edit note	Other		(Signature)
Replace with new p	oroduct Cr	2edit note			(Signature)
Replace with new place with new place with new place with new place place with new place p	oroduct Cr Form is filled in	2edit note	Other		(Signature)
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Replace with new place with new place with new place with new place place with new place p	oroduct Cr Form is filled in	2edit note	Other		(Signature) will be rejected.
Replace with new place with new place with new place place with new place plac	oroduct Cr Form is filled in	2edit note	Other	l, claim v	(Signature) will be rejected.