

Important Warranty Processing Information

Dear Claimant,

In order to process your complaint, we need to ask you to complete our warranty processing form found on the pages that follow. We furthermore ask that you carefully read and comply with the processing terms described below.

To ensure expeditious and smooth processing, the following claims procedures must be observed:

- Complete the warranty claim **legibly** and **in full**. Then fax the claim to your national representation (see Contacts), including a copy of the vehicle registration document.
- Replaced **parts must be kept on hand for a period of 4 weeks** and submitted by the claimant only if requested by our office. The parts must then be sent in together with a completed copy of the warranty claim at the claimant's expense.
- Shipping costs for removed parts must be borne by the claimant.
- The shipping charges will be reimbursed if the claim is accepted (no express shipment or air freight).
- The complete **chassis number** of the subject vehicle as well as the **damage number** must be cited on all **correspondence** with our office.
- The damage number is issued by the Daimler AG /Mercedes-Benz plant in Kassel.
- Following a review of all the facts of the case, we will send you written notification of our warranty decision as well as information on cost settlement.
- Action must be taken on all **queries** and requests for removed parts received from our office **within 14 days**.
- **Use only genuine Mercedes-Benz parts** for all repairs. For non-Mercedes-Benz workshops, the purchase receipt for the replacement parts must be included with the invoice.

Failure to comply with these terms shall result in the denial of the claim without notification by our office.

For questions, please contact one of the following individuals.

Your contact persons:

	Telephone	Fax
➤ Germany, Austria, Benelux, RoW	+49 - 561- 802 - 2777	- 2164
➤ Eastern Europe	+48 - 692- 437029	+49 -561-802-2164
➤ England, Ireland, Northern Europe	+44 - 1244 - 394 - 220	- 224
➤ France, Spain, Italy, Portugal	+33 - 499- 1337 - 37	- 30

Header Data Details

Claimant

Name / Company:

Street address

ZIP code / City

Contact person

Telephone number

Fax number

Repair workshop

Name / Company:

Street address

ZIP code / City

Contact person

Telephone number

Fax number

Registered owner of vehicle

Name / Company:

Street address

ZIP code / City

Contact person

Telephone number

Fax number

Vehicle manufacturer

Name / Company: _____

Complete chassis number (17 characters)

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Vehicle Details

Mark the position of the damaged axle

Check damage side

Left **Right**

Permissible gross vehicle weight in tons to

Mileage in kilometers km

Date of registration Day Month Year

Date of damage Day Month Year

Vehicle type Tarp/platform Tank Container Coil

Walking floor Dumper Cooler Silo

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Note: Enter all axle numbers for vehicle</p> </div>	<p>Serial number Axle 1 H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Serial number Axle 2 H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Serial number Axle 3 H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Serial number Axle 4 H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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To locate axle number:

This model plate is located in the center of the axle tube. The required number is found in line 2 (Serial No.)



Daimler AG Kassel - Germany			
Type TE_/8NC7-9			
Serial No.	H235038	Type des. No.	749333
Ver.	036040221	TDB No.	0571
axle load	9.000	kg axl. perm.	V max. 105 km/h

Damage Details

Your comments and other details relating to the damage

I, the Claimant, declare that the information provided by me in this Claim is complete and correct to the best of my knowledge.

Date: _____

Signature of Claimant: _____

Important:

Please use the appropriate Appendix sheets to provide details of the damage.