WARRANTY CLAIM FORM

Branch Purchased From: ❑WA ❑NSW ❑QLD ❑VIC	Invoice Number:	Part Number:	CBA Claim No:

Distributor Name:	**Distributor Account Code:**
Contact reference Number:	**Contact Name:**
Contact Phone Number:	**Contact Email:**
If the components were fitted by a third party please provide their company name:	
Date Of Installation: / /	**Odometer at installation:**
Date Of Failure: / /	**Odometer at Failure:**

Make:	**Model:**	**Build Date:**
Number Of Cylinders:	**Engine Size:**	

Clutch Cover / Disc		**Release / Thrust Bearing**	
❑Slipping	❑Not Releasing	❑Noisy (Rattle)	❑Difficult to engage gear
❑Shuddering	❑Neutral Gear Rattle	❑Noisy (High Pitch Squeal)	❑Continuous Bearing Noise
❑Chattering	❑Other (provide details below)	❑Pulsating Pedal with engine running	❑Other (provide details below)
❑Vibration			

Has the Vehicle Been Modified	❑ Yes (provide details below)		❑No	❑Unknown
Was the Flywheel Machined Prior to Fitment of New Clutch	❑Yes	❑No	❑New Flywheel	❑Unknown
Was a New Spigot Bearing Fitted	❑ Yes	❑No		❑Unknown

Vehicle Use	**Issue is Present**
❑Normal Road ❑Racing ❑Motorsports ❑Time trials or speed runs ❑Off-road driving ❑Towing	❑All the time ❑Only when clutch engaged ❑Only When Clutch is NOT engaged ❑Other (provide details below)

Additional Details:

Customer signature: **Date: / /**

To Submit your Claim

1. Fully complete this form and return to your nearest CBA branch along with the complete clutch kit
2. Goods are to be marked “Attention: Warranty Department”
3. If claiming for labor costs, documentation to substantiate the claim (eg Workshop Invoices) must be attached.