Warranty Claim Form Enclosure - A	Claim Details	Lucas TVS DRIVEN
Vehicle owner Name		
Vehicle Owner Address		
Vehcile Owner Contact Number		
Dealer/Distributor Name		
Dealer Ship Address		
Dealer Email		
Dealer Telephone		
Dealer Fax		
City, State		
Claim Number		
Claim Submittal Date		
Warranty Coverage		
Failed Lucas TVS Part		
Failed Lucas TVS Part Number		
Manufacturing batch code		
Engine Number		
Chassis Number		
Vehcile Make		
Vehicle Model		
Product In-Service Date		
Failure Date		
Vehicle Distance		
Vehicle Hours		
Complaint		

## **Proof of documents**

- 1. Vehicle Registration book copy showing date of sale incase of walk in customers
- 2. Copy of Purchase invoice in case of Aftermarket Claims