

Defect notification No.: \_\_\_\_\_



#### CONTACT DETAILS

**Manufacturer/supplier:**

Herth+Buss Fahrzeugteile GmbH & Co. KG  
Dieselstrasse 2-4  
63150 Heusenstamm, Germany  
Tel. +49 (0) 6104 608 0  
info@herthundbuss.com

Sachbearbeiter: \_\_\_\_\_

**Dealer:**

Processed by: \_\_\_\_\_

**Claimant:**

Claimant's customer no.: \_\_\_\_\_

Processed by: \_\_\_\_\_

#### VEHICLE DATA (if available)

Manufacturer/type key number: \_\_\_\_\_

Vehicle brand/type: \_\_\_\_\_

Vehicle identification no.: \_\_\_\_\_

**Drive type:** Diesel ☐ Petrol ☐ Hybrid ☐ Gas ☐ Electric ☐  
**Transmission type:** Manual ☐ Automatik ☐ Elec. drive ☐ Direct shift ☐

First registration: \_\_\_\_\_

Engine code: \_\_\_\_\_

Engine size: \_\_\_\_\_

Engine power (kW): \_\_\_\_\_

#### INFORMATION ABOUT DEFECT

Invoice/delivery note number: \_\_\_\_\_

Invoice/delivery note date: \_\_\_\_\_

Article number: 1. of the manufacturer: \_\_\_\_\_

Quantity: \_\_\_\_\_

2. of the dealer: \_\_\_\_\_

Installed on: \_\_\_\_\_

Removed on: \_\_\_\_\_

Km at installation: \_\_\_\_\_

Km at removal: \_\_\_\_\_

**Detailed reason for complaint:**

**Fault occurs:** when warm ☐ when cold ☐ Constantly ☐ with moisture ☐

Others: \_\_\_\_\_

**Settlement if accepted:**

Credit note ☐ Replacement part ☐ Repair ☐

**Settlement if rejected:**

Parts returned to customer ☐ Scrapped ☐

#### COST SPECIFICATION

If removal and installation costs have been incurred, please complete the "Statement of costs for the warranty claim"  
Subsequent cost statements cannot be taken into account.

#### Processing Information

- Please fill out this form as completely as possible. Please enclose all goods receipts (goods purchase receipt, cost specification with initial installation receipt or invoice for labour/additional costs), so that we can process your claim as quickly as possible.
- Please note that any missing or incorrect information, together with the resulting queries, can lead to unnecessary costs and delays.
- Please fill out a separate, complete form for every defective part.

#### CLAIMANT'S SIGNATURE

By signing this claim form, you confirm that the information provided is complete and correct.

Place, Date

Signature, Stamp