

WARRANTY RETURN FORM

SUPPLIER INFORMATION :

Business Name

Address

Telephone Number

E-Mail

Your Order Number

Part Number

Our Del/Invoice Number

Was a replacement
SCM Unit Supplied?

☐

Yes

☐

No

If yes, please provide the
replacement invoice number

INSTALLER/ VEHICLE INFORMATION:

Customer Name

Telephone Number

Vehicle Model

Date Fitted

D D M M Y Y Y Y

Date Removed

D D M M Y Y Y Y

Details of Complaint :

Why Did The Previous Turbo Fail :

-
- | | | |
|---|------------------------------|-----------------------------|
| 1. Did you ensure the intercooler and air intake system were free of oil and debris? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you checked all engine breathers for blockages or restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Was the oil filter replaced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was the oil feed pipe replaced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you fill the turbochargers oil feed hole with oil and rotate by hand prior to fitment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the vehicle been tested for air leaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Was the vehicle road tested and run at high load after fitment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Once completed, please return to your supplier. Thank you.