

WARRANTY CLAIM FORM

SUPASHOCK ADVANCED SUSPENSION PRODUCTS

First Name

Last Name

E-mail address

Contact Number

Street Address

If you require your product to be shipped back to you, do you give the courier authority to leave the package in a safe place?

Suburb

Postcode

Yes No

State / Territory

Country

Instructions to leave in a safe place:

PRODUCT INFORMATION

Vehicle Make

Vehicle Model

Vehicle Year

Did you order through the Supashock website or from a Supashock Click & Fit partner?

Product Range

4X4 Series

Street & Track Series

Supashock

Click & Fit partner

Product Part Number (SKU)

Click & Fit partner workshop name

As shown on your invoice

Is this vehicle your daily driver?

Date Fitted

Yes No

Are you able to send us the parts with the suspected issue?

Km's at time of fitting Km's at time of claim

Yes No

VEHICLE INFORMATION

Please list all applicable accessories installed on your vehicle

Bullbar	kg	Tyres / liquid carrier	kg
Driving lights	kg	Aftermarket rear bar	kg
Winch	kg	Underbody protection	kg
Side rails / rock sliders	kg	Well back (ute/dual cab)	kg
Roof rack	kg	Tray back (ute/dual cab)	kg
Towbar	kg	Other	kg
Extra fuel tank	kg		

Do you use your vehicle for towing? If so, please list all applicable

Ball weight	kg	Average tow weight	kg
Ball weight	kg	Average tow weight	kg

ABOUT THE ISSUE

Are you experiencing a visual issue, performance issue, or noise / audible issue?

Visual Performance Noise / audible

Which corner(s) exhibit this issue?

Driver's Side Front Passenger Side Front

Driver's Side Rear Passenger Side Rear

Please tell us about the issue you are having

I confirm have read, understood and agree to the Supashock Advanced Suspension Warranty Policy at www.store.supashock.com

Confirm

Full Name Date Signature

Please send a copy this form and any photo or video files that may help with your warranty claim to sales@supashock.com