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| --- | --- |
| **No. Of Claim Document:** | **Date of Application :** |
| **Serial No.:** | **Type :** |
| **Vehicle Make/Model:** | **Rego/VIN :** |
| **Colour Code:** | **Invoice No. & Date :** |

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| **PROBLEM DESCRIPTION:** |

|  |  |
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| **PART(S) TO BE REPLACED** | |
| **Reference** | **Description** | **Quantity** |
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| --- | --- | --- |
| **CLAIMED BY** | | |
| **Name:** |  | |
| **Dealer (Name & Address):** |  | |
| **Contact Details** | **Email:**  **Phone:**  **Address:** | |
| **Signature:** |  | |

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| **REMARKS:** |

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| **PROBLEM PHOTOS/ILLUSTRATION** | |
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