

COMPLAINT INQUIRY FORM - M/C TYRES

Brand name: SAVVA MITAS Customer's claim number

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Customer (stamp)

Name and address of end user (if known*):

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Manufacturer's invoice number..... Batch.....

Data on vehicle		Usage data of tyre		
Description	Data	Description	Data	Unit
Manufacturer		Mileage		Km
Type/model		Inflation pressure		kPa (bar)
Date of manufacture		Rest of tread depth		mm
Original equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of installation:		
Date of registration:		Failure description:		**
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Tyre working conditions:

Road Off road Combined

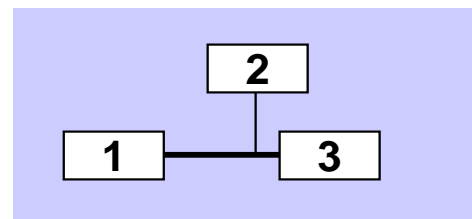
Size, type:

DOT plant (6J or H3) DOT date (WWYY)

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Position of tyre on vehicle:



Was the defect the cause of an accident Yes No

Was there an injury involved Yes No

Signature of the end user:.....

Place, date of CIF completion

Customer's signature