



Claims protocol



PIERBURG

Annex to claim No.:

- complete **all** the boldly outlined parts (one protocol per each claim)
- this information will be used to establish the origin of the defect more precisely and for the most objective assessment / if we do not receive the required information, we cannot guarantee the time needed to settle your claim

1. Catalogue number of the part the claim is filed against / invoice number:

2. Vehicle identification:

manufacturer:	date and odometer reading on replacement of	regularly serviced: YES NO
type:	Pierburg component:	site of servicing:
volume:		authorised servicing facility
year of manufacture:	datum and odometer reading when claim filed against	non-authorised servicing facility
chassis number:	Pierburg component:	self-servicing
engine number:		
engine code:		

3. Description of the defect (handling during acceleration / braking, when the engine is warmed up / cold, was the defect accompanied by any noise or other phenomena such as jerky engine operation, loss of performance, smoke from the exhaust, etc.?)

4. Description of the activities to date leading to the removal of the defect (important !!)

5. Printout from the diagnostic device before the repair – the defect must be given on the printout.

Additional information concerning specific groups of components

Throttle body neck: did you proceed according to the instructions appended to each new component? If yes, were there any problems during the procedure, describe how far it was possible to proceed. Is there any alternative means of propulsion installed in the vehicle? (e.g. gas propulsion).

Intake air mass sensor (air mass) – is there a sports air filter installed in the vehicle or not, was the rubber seal surrounding the filter deformed or any element pinched between the rubber seal and the lid wall during disassembly of the air filter? Filter manufacturer, date of replacement and odometer reading when last filter replacement. Is the vehicle used in specific conditions (for instance in a very dusty environment, is the vehicle used as a taxi)?

Fuel pump: the date of last replacement of the fuel filter, did the defect, e.g. jerky operation, the engine dying, etc., occur before replacement of the fuel filter.

On behalf of (company):

Completed by:
E-mail / Tel.:
Date:

Signature: