



www.motorkitz.com

**MOTORKITZ TEAM**

ABN 35 133 697 793

**Important Notes:**

- Print and complete this form
- It is important to answer all questions and fill in all applicable blanks on the Claim Form.
- Check with the checklist before you submit. Ensure all requirements are followed thoroughly.
- Failure to follow the instructions and complete the Claim Form may result in delay or rejection of your claim.

## Claim Form

### Customer's Information

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

### Purchase Information

Invoice No. \_\_\_\_\_

Invoice Date \_\_\_\_\_

Description \_\_\_\_\_

Intended Use \_\_\_\_\_

Ship Via \_\_\_\_\_

Shipping Date \_\_\_\_\_

Confirm Delivery To \_\_\_\_\_

### Claim information

Please describe your claim in details in the following box:

## Supporting Documentations

Please check the box(es) of corresponding applicable documentations. Describe the supporting documentations attached clearly and specify if any of them will be provided separately or by other means.

Photo(s)

Description:

Video(s)

Description:

Condition report

Description:

Other(s)

Please specify in details:

## Declaration

By signing and dating this form below, I acknowledge that I have read the terms of Motorkitz Claim's agreement and the conditions, and understand that upon receipt of my benefit, the Settlement Agreement and Release and the Final Judgment entered in this action will be binding on me, my agents and heirs, and any other person or entity with authority to act on my behalf.

I state under penalty of perjury that all the information provided above is true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_  
Name \_\_\_\_\_

Title \_\_\_\_\_  
Date \_\_\_\_\_

### Reminder

- For all claims, the deadline for submitting a claim is 14 days after the receipt of the product in question
- Please return your completed form and supporting documentations to us by mail or fax:  
**Address : P.O box 8167, Monash University Post Office, Clayton, VIC 3800,Australia**  
**Fax: (03) 95725315**
- If you have any questions while completing the Claim Form, please contact us at [info@motorkitz.com](mailto:info@motorkitz.com) or at 0416-456-465

### Checklist

- Claim form with all applicable fields completed
- Claim form signed
- Supporting documentations attached or clearly specified otherwise