

**Return Address:**

Attention Product Team,  
Roadsafe 14-16 Edison Road,  
Dandenong South 3175

**Customer Service Contact:**

03 8687 1700

**Date of Return:** \_\_\_\_\_

**Original Roadsafe Invoice Number:** \_\_\_\_\_

[Provided by Roadsafe Customer Service] **Return Authorisation Number:** \_\_\_\_\_

**1**

**Part No.** \_\_\_\_\_ **Batch Code** \_\_\_\_\_

**Vehicle Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**REGO** \_\_\_\_\_ **KM Since Fitment** \_\_\_\_\_

**Fitted Date** \_\_\_\_\_ **Failure Date** \_\_\_\_\_

**2 Reseller Information**

**Company Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**3 Installer Details**

**Installer Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**3 Failure Details**

**Failure Description** \_\_\_\_\_

**Fault Type** \_\_\_\_\_

**Labour Claim** \_\_\_\_\_ **Hours Claimed** \_\_\_\_\_

*See next page for photo input*



# SHOCK ABSORBER WARRANTY FORM

Part No. \_\_\_\_\_

Please insert photo of entire unit by clicking box below (showing part no., stamping & build code)

A large, empty rectangular box with a thin black border, intended for a photo of the entire shock absorber unit.

Please insert close photo of failure point by clicking box below

A large, empty rectangular box with a thin black border, intended for a close-up photo of the failure point on the shock absorber.

Email claim to:

[credits@roadsafe.com.au](mailto:credits@roadsafe.com.au)