



Customer Claim Form

Name: _____ Email _____ Phone no _____

Address: _____

Are you the registered owner of this Vehicle? **Yes/No** (If not please provide owner details)

(Registered Owner): _____

Vehicle Rego: _____ Make _____ Model _____

Describe the details of the problem (Attach a separate sheet of paper if more space is required)

- a) Date Purchased : _____ Kms at time of purchase _____
- b) Date Issue first identified : _____ Kms at time of identification _____
- c) Date of claim: _____ Kms at time of claim _____
- d) Please provide details of delay in notification if exceeding 48 hours _____
- e) Have you had an estimate for repairs _____
- f) Has the vehicle been used for any commercial purposes _____
- g) Was an Independent Pre- Purchase inspection completed _____
 - a. If **Yes** kindly attach the PPI report along with the claim form
- h) Did you test drive the vehicle before purchase _____
- i) Has the car been serviced since Purchase _____
 - a. If **Yes** please provide details of servicing done along with Tax invoice
- j) Do you have a Mechanical Breakdown insurance policy for this vehicle _____

Important Note:

- 1) Please note response to all questions is mandatory
- 2) If the issue relates to engine heating, excessive oil leaks, brakes or suspension kindly suspend use of vehicle and contact Turners Customer service for next actions
- 3) Any unauthorised repairs will not be covered by Turners
- 4) If a repair equates to betterment of what the vehicle was prior to purchase, Turners reserve their right to seek contributions towards the cost of repairs

Declaration:

The information provided above is entirely true and correct and I have not withheld any information relevant to this claim. Where any information I have provided is incorrect or withheld Turners and its vendors may reduce my claim or treat it as void from the outset.

Signature _____ Date _____