



COMPRESSOR WARRANTY RETURN FORM

Diagnosis of the appearance of the compressor can be an effective method of determining the conditions under which it was operating. With the results of the diagnosis it is possible to identify the cause of the problem.

Please fill out this form as complete as possible. **Compressor complaints without this (filled out) form can not be taken into consideration.**

DATE	(DD-MM-YYYY)	-	-	Customer report no.
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Name	Customer number
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Address

Country

Contact person

Tel. No.	E-Mail
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Vehicle information		Compressor information	
Brand		NRF part number	
Model		Customer part number	
Model year		Production code	
Engine		Installation code	
VIN		Removal date	
Rear evaporator	YES <input type="checkbox"/> NO <input type="checkbox"/>	Installation mileage (km)	
Refrigerant charge	gr	Removal mileage (km)	

Problem description (Please select 1 of the 9 options below)

1	Noisy compressor	4	Clutch (coil) defective
2	Leakage compressor body	5	Electrical failure/defect
3	Compressor internal wear blocked	6	No pressure (displacement) increase

7	New compressor (not installed)
A	Wrongly ordered
B	Wrong product in box

Specification *

8	Damage (customer/transport)
	Transport
	CMR Number
	Forwarder
	Terms of Delivery

9	Various
Specification*	

Under what conditions did the problem occur

How did you recognize the problem?

***Claims will not be accepted without a problem description**