



Dear Claimant,

In order to process your claim, we need to ask you to use our warranty processing form.

The following claim conditions must be observed:

- In order to ensure rapid processing of the warranty claim it is vital that the information is **correct** and **complete**. Then select the JOST Achsen Systeme national representative responsible for your region. He will contact you without delay and advise you how to proceed.
- Warranty claims are to be submitted immediately after the damage has occurred and before the repair is commenced.
- The parts that are the subject of the claim are to be kept for 4 weeks and returned by the claimant when requested by us.
- The shipping charges will be reimbursed if the claim is accepted (no express shipment or air freight).
- Action must be taken on all queries and requests for returned parts within **14 days**.
- The claim number is issued by JOST Achsen Systeme.
- The complete **chassis number** of the subject vehicle as well as the **claim number** must be cited on all correspondence.
- Following a review of the claim information, we will send you written notification of our warranty decision as well as information on cost settlement.
- Use only genuine Mercedes-Benz-/ JOST parts for warranty repairs. The purchase receipt for the replacement parts must be attached to the invoice.
- Invoices must be received by JOST-Werke Deutschland GmbH no later than six months after completion of the repair.

Failure to comply with these terms shall result in the denial of the claim without notification by our office.

For questions, please contact one of the following offices:

Your contact office:

Germany, Austria, Benelux
Eastern Europe
UK, Ireland, Northern
Europe France, Spain, Italy,
Portugal

Telephone

+49 - 5674 - 9237 - 240
+48 - 692 - 437029
+44 - 1978 - 660 - 860
+33 - 499 - 1337 - 37

Fax

+49 - 5674 - 9237 488
+49 - 5674 - 9237 488
+44 - 1978 - 660 869
+33 - 499 - 1337 30



Important

: The claimant is the issuer of the invoice to JOST-Werke Deutschland GmbH and payee.
Please put a cross to identify the claimant.

Vehicle/trailer manufacturer

Claimant

Company name _____

Street address _____

Postal code/town _____

Country _____

Contact person

Title/name _____

Position in company _____

Phone/extension _____

Fax/extension _____

Email _____

Repair workshop

Claimant

Company name _____

Street address _____

Postal code/town _____

Country _____

Contact person

Title/name _____

Position in company _____

Phone/extension _____

Fax/extension _____

Email _____

Vehicle owner/haulage company

Claimant

Company name _____

Street address _____

Postal code/town _____

Country _____

Contact person

Title/name _____

Position in company _____

Phone/extension _____

Fax/extension _____

Email _____



Details of vehicle

Chassis number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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Damage Axle serial number

Axle 1 _____

Axle 2 _____

Axle 3 _____

Axle 4 _____

Axle 5 _____

Note on locating axle serial number:
This identification plate is located in the centre of the axle tube. The required number is in line 3 (serial No.)



Important: All the axle numbers of the vehicle must be entered.

Damage position: left right **Mark the position of the defective axle!**

Registration date: _____ Failure date: _____

Select trailer class

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Trailer model:

Curtainsider	<input type="checkbox"/>	Container	<input type="checkbox"/>	Refrigerated vehicle	<input type="checkbox"/>
Tipper Walking floor	<input type="checkbox"/>	Tanker	<input type="checkbox"/>	Coil carrier	<input type="checkbox"/>
	<input type="checkbox"/>	Powder Tanker	<input type="checkbox"/>		

Mileage: _____

Trailer EBS data are available

Details of damage

Description of damage



Components to be replaced

Suspension connection, front	Quantity
Hanger bracket	
Shock absorber	
3D pivot bush housing	

Suspension connection, rear	Quantity
Air bellow	
Tail end	
Tail end backing bar	

Brakes	Quantity
Brake carrier	
Calliper	
Bake chamber	
Disc	
Pad	
ABS sensor	
Brake pad wear indicator	
Seal and guide set	

Other	Quantity

Wheel end	Quantity
wheel hub	
ABS sensor ring	
Hub cap	
Hub nut	

Steering axle	Quantity
Steering damper	
Track rod	
Steering knuckle	
Locking cylinder	

Lift systems	Quantity
Lift air bellow	
Lift arm bracket	

Bare axle	Quantity
Axle body	

The repair is performed within a given period (completion deadline).

Completion deadline _____

I, the Claimant, declare that the information provided by me in this Claim is correct and complete to the best of my knowledge. I have read, understood and accepted the warranty/claim conditions.

Date

Signature