



REKLAMACIJSKI ZAPISNIK

Reclamation form

IZPOLNITE VSA POLJA

All boxes must be fill in

Številka zahtevka / Reclamation number

Datum / Date of delivery

Stranka / Customer

Stranka

Customer

Kontaktni podatki

Contact person

Telefon

Phone

Vaša številka zahtevka

Your claim no.

Artikli/ Goods

Opis

Description

Kataloška in serijska št.

Part and serial no.

Številka računa

Invoice number

Poškodbe / Defects

Opis napake

Description of the defect

Obnašanje vozila

Behavior of the vehicle

Podrobnosti / Details

Vozilo

Vehicle

Znamka / Manufacturer

Model

Motor / Engine

VIN

leto izdelave / Year of production

delovanje z artiklom

Operation with claimed product

Stanje km/ Number of km (as uporabe / Operating hours)

Datum montaže / Date of installation

Datum demontaže / Date of removal



Reklamacijski zapisnik

Reclamation form

Diagnostika / Diagnostics

Nameš eno v vozilo

Installed in the car?

DA / NE
YES / NO

Diagnosticirano

Diagnosed?

DA / NE
YES / NO

Diagnosti no orodje

Diagnostic equipment

Napake in kode

Errors and fault codes

Priloge / Attachments

Priloženi dokumenti

Attached documents

Datum

Date

Podpis

Signature
