



Defective Mechanical Part Claim Form

Please provide the following information so this claim can be processed:

Date: _____ Part Number: _____

Invoice number: _____ Tonkin Employee you spoke to: _____

Your Business name and location: _____

Contact name and phone number: _____

Vehicle and vehicle owner information:

Customer Info: _____

Year/Make/Model: _____

VIN# _____ Mileage: _____

Part Description: _____

Describe in detail the defect or failure (include any fault codes, or diagnostics):

Please attach any supporting documents that will support this claim. (Photo's, copies of your repair orders, technicians hard copy notes, etc.)
The manufacturers often deny claims due to lack of basic detailed information, and supporting evidence. We need your help, please!

Please return this form with the Failed / Defective part within 30 days.