

## Service Case Registration Form VALX bv

Please send this filled-in form to VALX bv (see address on page 3)

### Procedural Conventions

- When a Service Case occurs, the customer has to notify the vehicle manufacturer first in accordance with the guidelines stipulated by the vehicle manufacturer
- The requested information should be sent to VALX either by e-mail, fax or letter within 48 hours after the failure was first discovered
- VALX will confirm registration of the Service Case within 2 working days after reception and process the Service Case within a reasonable amount of time
- The customer must offer VALX the opportunity to inspect the vehicle and/or the damaged parts
- The customer should only send defective parts for repair or replacement to one of the VALX repair centres when asked by VALX to do so
- Transportation charges are not covered

### Contact details:

Service Case Applicant:

Vehicle manufacturer       Vehicle Owner/User       Service Dealer

Date:

Company:

Contact person:

Country:

Telephone number:

Email address:

Date of problem detection:

Problem description:

*Please send pictures separately*

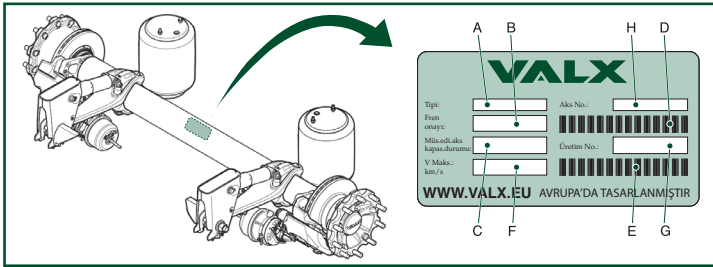
Location vehicle:

*(Street, Postal code, Place, Country)*




Contact person/driver at location:

Telephone number at location:



**VALX axle identification plate:**

- A** Axle type code
- B** Brake approval (with test report number)
- C** Permissible axle capacity static (in kg)
- D** Axle number (barcode type 128)
- E** Production number (barcode type 128)
- F** Maximum allowable speed (in km/h)
- G** Production number
- H** Axle number

**Please fill in the Production numbers (G) here:**

*Note: The production number is also engraved in the middle of the axle beam*

Axle 1 (front):

Axle 2 (if applicable):

Axle 3 (if applicable):

Axle 4 (if applicable):

**Specification of damaged product(s):**

VALX product number:

Serial batch/number:

Production date (if visible):

**Vehicle details:**

Vehicle:  Central Axle Drawbar  Drawbar  Semi Trailer  Dolly

Type:  Tilt Trailer  Box  Tipper  Tanker  Chassis  Low bed  Other

Vehicle manufacturer:

Chassis number:

Registration date:

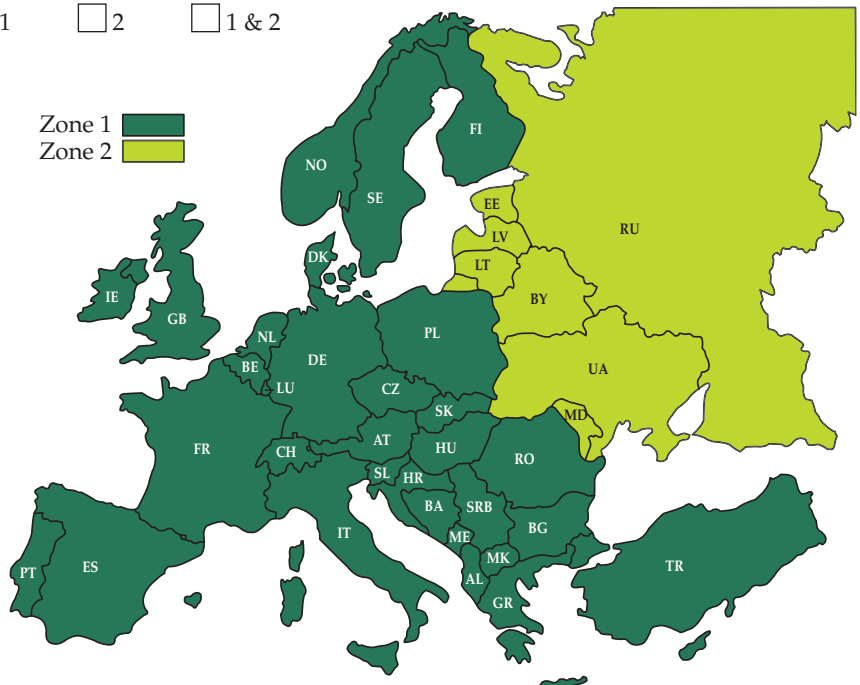
*Please include a copy of the Vehicle Registration Form*

Off road usage:  YES  NO

Usage in Zone:  1  2  1 & 2

**Geographical Zones:**

- Zone 1
- Zone 2



**Additional info:**

[Empty box for additional information]

*Please send this document back to:*

**VALX International BV**

De Amert 700C  
5462 GH Veghel  
The Netherlands

Tel. number: +31 (0)88 405 8800  
Fax number: +31 (0)88 405 8820  
Email address: support@valx.eu

*The VALX Warranty Commitment is available for download on [www.valx.eu](http://www.valx.eu)*

**MAIL  
TO VALX**

By filling-in and sending this form, your Service Case will be registered and investigated.  
It is not an automatic guarantee for having your Service Case granted.