

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
- ${\boldsymbol{\mathsf{H}}}$ 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 D	Drawbar 🗌 Drawbar 🗌 Semi-Trailer 🗌 Dolly
Type:	Box Tipper Tanker Chassis Low bed Other
Vehicle manufacturer:	
Chassis number:	
Registration date:	
Please include a copy of the Vehicle Registra	tion Form
Off road usage:	YES NO
Usage in Zone:	
Geographical Zones:	T C C C C C C C C C C C C C C C C C C C



Additional info:

Please send this document back to:

VALX B.V. Everbest 2 5741 PM Beek en Donk 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/en

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.