



Warranty Claim 2008-09

External Procedure for Dealer and/or Distributor

In order to facilitate your warranty claim, we would like you to read and follow the instructions as listed below. An incomplete or erroneous request may be rejected.

Please note that Camoplast will only deal with a dealer or distributor. **Under no circumstances will Camoplast deal with the end-user.** The end-user will automatically be redirected to his dealer, whatever the reason of the claim.

For any problem on a Camoplast Track System, we request that the dealer have in his possession the following information before contacting Camoplast's Customer Service Department at 866 533-0008, extension 1.

- Date of sale of the track system with proof of purchase on hand
- System model (4S, UTV, 6X6, Original, Option HW)
- Make, model and model year of the vehicle
- Serial number of the track system (can be found on the front right frame)
- Brief description of the problem
- Circumstances of how the problem occurred

Procedure :

1. Contact Camoplast's Customer Service Department either by e-mail to: serviceatv@camoplast.com or by telephone at 866-533-0008, extension 1 in order to open a Warranty Claim. You will be given a reference number.
2. Once you have opened the claim and have your reference number, Camoplast will send to you, by e-mail, the claim form partially completed. If you prefer to not receive the form by e-mail, please advise Camoplast.
3. The dealer must then complete and return the form to: serviceatv@camoplast.com. The following information will also be required at this time:
 - a. The Warranty Form, which must include the following information :
 - Dealership's name
 - Contact name at the dealership
 - Dealership's complete address
 - Dealership's phone number
 - Dealership's e-mail address
 - Track system model (4S, UTV, 6X6, Original, Option HW)
 - Make, model and model year of vehicle.
 - Serial number of the track system (can be found on the front right frame)
 - Brief description of the problem
 - Circumstances of how the problem occurred
 - Parts required to do repairs*

* Refer to the exploded view in the owner manual or on Camoplast's website www.camoplast.com. To obtain a copy by e-mail, please contact serviceatv@camoplast.com or call 866-533-0008 extension 1.

- Mention if there are repairs necessary to the vehicle as a result of the broken track system.
 - b. A copy of the proof of purchase.
 - c. **Digital photos (3 minimum)** in order to validate if the claim is warranted and to confirm parts necessary for repair.
4. If the vehicle has been damaged as a possible result of the track system breakage, we would like to also receive a list of the damages to the vehicle.
- A list of damaged parts, the quantity of each part and the cost of each part.
 - Manpower for vehicle repair only.
 - Camoplast MUST pre-authorise, in writing, all repairs that are to be covered by the warranty once a quotation as been received by Camoplast.

Camoplast will ship all parts necessary to repair the track system. Camoplast will cover the cost of the parts and shipping **only if all necessary information** has been supplied as requested.



Warranty Claim 2008-09

Processed by

CB **BJ** **MD**
GN **FJ**

Claim # (YYYYMMDD-XX-INITIALA)	Serial # (Right front frame):	Mileage #:
Dealership:	Contact:	
Telephone :	E-mail :	
Address :	City :	
State/Province :	Zip/Postal Code :	

REMINDER

Please make sure your request includes the following information:

1. Tatou Model: 4S UTV 6X6 Original Option HW
2. Type of Vehicle (make, model & year)
3. Damage happened in : Snow Mud Dirt Sand Others
4. 3 digital pictures (minimum)
5. Proof of purchase
6. Installation made by: Individual Dealer Name: _____

What is the problem and how did it occur?

Parts needed to fix the ATV Track Systems

Qty	Parts #	Description

Is there labor involved to fix the ATV Track Systems? YES NO
 Is the vehicle damaged? YES NO

INTERNAL USE

Claim Accepted <input type="checkbox"/> Refused <input type="checkbox"/>	Purchase # :	Customer # :	Bill <input type="checkbox"/> Covered <input type="checkbox"/>
Expedition Ground <input type="checkbox"/> Air <input type="checkbox"/>	Weight:		# Box:
Other claims Labor : YES <input type="checkbox"/> NO <input type="checkbox"/>	Vehicle Repair : YES <input type="checkbox"/> NO <input type="checkbox"/>	Labor and Vehicle : YES <input type="checkbox"/> NO <input type="checkbox"/>	