



Reklamationsmeldung / Claim Report

Full Address of Customer: POTOVAR d.o.o. Ljubljana
Cesta na Brdo 85
1000 Ljubljana

Date: x

Vehicle Manufacturer: x

Vehicle Type: x

Year Manufactured: x

Power (KW/PS): x

Chassis Number: _____

Engine Number: _____

Vehicle Owner: _____

Part description: x

Part Number: x

Date of receipt: _____

Date of installation: _____

Mileage: _____

Date of Failure: x

Mileage: _____

Reason of Failure: x

Comments: _____