

# COMPLAINT REPORT



Customer no.

CCV no.

Date

**To be completed by the customer**

Owner:	Retailer:
Address:	Address:
City:	City:
Phone no.:	Phone no.:
Contact:	Retailer's contact:

**Towing vehicle****Towed vehicle**

Brand:	Full trailer	Centre axel trailer	Dolly	Semi trailer
Type:	Manufacturer:			
Total weight:	Type:			
Model year:	Total weight:			
Reg. no.:	Model year:			
Type of transport:	Reg. no.:			
Plate suspension	Air suspension		Type of transport:	
		Plate suspension	Air suspension	

**Product details**

Type:	Mounted date:
Mileage, km.:	Removal date:
<b>Reason for complaint:</b>	
<b>Compensation claim:</b>	

Attach the complaint report when the goods are returned.

**Completed by VBG Group Truck Equipment AB**

Examined date	by		
<b>Assesement:</b>			
<b>Action</b>	Approved	Refused	Return date

**Goods to be sent to:****VBG GROUP TRUCK EQUIPMENT NV**Industrie Zuid Zone 2.2  
Lochtemanweg 50  
BE-3580 Beringen

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