

4. Diagnosis Questionnaire

Have you carried out any diagnosis check on the vehicle by your local garage? YES NO

If **Yes**: Please provide us the Garage Name, Address and a Contact Name below. Also, please attach with the form, a copy of the written report stating the fault(s) found and quotation for repairs:

If **No**: You may submit this form but please be advised that we may require you to carry out an inspection of the vehicle at your local garage to provide us a written quotation for the repairs. We accept no liability for costs incurred in doing so, but this may form a part of your claim if a valid claim is established.

5. Where do I send the completed form to?

Please send the signed copy of this form back to us via one of the following methods:

Fax: 02476 935300 Opt 2

Email: aftersales@highlandersgb.co.uk

Post: 19 Lythalls Lane, Coventry CV6 6FN

6. What happens next?

Upon receipt, this complaint will be dealt with by one of our After-sales staff who will send you an acknowledgment of receipt letter. We aim to deal with your complaint within the shortest possible time, but we strongly advise you to allow up to 7 working days to enable us to carry out a thorough investigation on the issue(s) raised. We will contact you within this period to advise you on the next appropriate thing to do. Courtesy vehicles are available upon request depending on availability and necessity, subject to our terms and conditions and collection from our Head Office in Coventry (see address above). Please **DO NOT** authorise or undertake repairs without our express consent in writing. If you do so, it will be at your own cost/risk.

7. Signature

By signing this document, you agree to abide to the full terms and conditions as written on this form.

Full Name: _____ Sign: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ ACK Date: _____ EDR _____ INITIALS _____

Actions Taken:

Completion Date: _____ INITIALS _____ C.O.R. _____