




<b>Warranty claim Reklamaciona izjava</b>	<b>Nr./Broj:</b>
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Date/Datum: \_\_\_\_\_

Customer (name/address)/Korisnik (Ime i adresa):	Distributor/ Prodavac:  <b>TRUD NNR</b> Ogranak CONING-TRUD Autoput za Novi Sad 68, Beograd
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Optibelt Nr. / dimensions/Optibelt br./Dimenzija: .....	<input type="checkbox"/> V-Belt/Klinasto remenje	<input type="checkbox"/> Ribbed Belt/Poly-V
	<input type="checkbox"/> Kraftband/Spojeno remenje	<input type="checkbox"/> Variator Belt/Varijatorsko

OE-Number/OE broj: .....

Other description/Drugi opis: .....

Producer of the machine / Proizvođač mašine	Type of machine/ Tip mašine
.....	.....

Registration date of the machine/Datum registracije mašine: .....

Date of instalation of the belt/Datum instalacije remena : ..... at mileage/na kilometražu):.....

Date of demounting/defect of the belt/Datum demontaže/defekta: ..... at mileage/na kilometražu:.....

**Tačan opis problema:** \_\_\_\_\_

defect occurs a/Defekt se dogodio:  starting of machine/Prilikom startovanja:  during work/Tokom rada  other/Ostalo  
atmosphere conditions/Atmosferski uslovi: .....

<input type="checkbox"/> original receipt for cash payment for additional costs attached Originalan račun u prilogu za plaćanje dodatnih troškova Total additional costs/Ukupni dodatni troškovi:  <input type="checkbox"/> no additional costs / Nema dodatnih troškova	Hereby I confirm the occurance of the statement:/Ovim potvrđujem tačnost izjave:  _____ Date/Datum                      Signature/Potpis
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In case of acceptance of the claim: <input type="checkbox"/> Credit note/Knjiž. pismo: <input type="checkbox"/> free replacement/Bespl. zamenu	In case of rejection of the claim: <input type="checkbox"/> returning the belt/vratiti reme <input type="checkbox"/> scrapping/Ne vraćati
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<b>Warranty claim / Garancija - izjava</b> (information to be filled out by Optibelt Distributor) / (informacije koje popunjava Optibelt distributor) Nr. and date of Invoice for buying the claimed goods / Br. i datum fakture za reklamiranu predmetnu robu: _____ Only complete filled out claim protocol can help us to find out the reason for the defect and to give quick response! Jedino potpuno popunjen zahtev protokol može nam pomoći da saznamo razloge za kvar i damo brz odgovor! Molimo vas da popunite poseban protokol reklamacije za svaki remen	
<b>Obavezno dostaviti slike mašine, mesta ugradnje i remenica gde je remen bio ugrađen</b>	