

This form is divided into four sections and should take 5 minutes to complete. Please ensure to provide as much detail as possible to assist us in resolving the issue.

## 1. CONTACT DETAILS

**Business Name:**

**Contact Name:**

**Business Phone:** (+      )

**Business Email:**

**Couplemate™ Invoice Number:**

*Reference number may also be used.*

If reporting on **behalf of a customer**, please specify:

**Customer Name:**

**Delivery Address (for repair parts):**

## 2. TRAILER / TOW VEHICLE DETAILS

**Trailer VIN Number:**

**Aggregate Trailer Mass (ATM):**

**Tow Ball Weight:**

**Trailer Registration Number:**

**Select Type:**    Trailer      Caravan / Camper

If **Caravan / Camper**, describe Make and Model:

If **Trailer**, describe Application:

**Tow Vehicle GVM:**

**Does the Customer have a recent Weighbridge Certificate?**

If **YES**, specify the details:

### 3. COMPONENT ISSUE DETAILS

Component Installer:                      This Business                      This Customer                      Other: \_\_\_\_\_

If known, specify date of component install:

Date Issue Occurred:

Please describe the issue (in as much detail as possible):

Please describe what repair parts are required:

### 4. SUBMISSION DETAILS

Couplemate™ aims to review claims within 48 hours of being submitted. In busy times, this time frame may vary. If you require urgent parts, please contact sales to purchase via phone.

Please email this completed form to [sales@couplemate.com.au](mailto:sales@couplemate.com.au).

**Please ensure to attach photos of the issue being reported.**

Include photo of the VIN plate.

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#### Couplemate Trailer Parts Pty Ltd

[www.wholesale.couplemate.com.au](http://www.wholesale.couplemate.com.au)

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#### Opening Hours

Monday – Friday

8:00am – 5:00pm

*Closed on weekends and public holidays.*