



Group Operations

**FORM**

Document rev.: 2

# DINEX WARRANTY FORM

Process Owner:  
Quality Manager

Document Author: DIS

Document Number:  
06\_08\_00\_04

Released: 15.05.2026

Please provide complete and accurate information to avoid delays in the warranty evaluation process. All fields are mandatory unless otherwise stated. Supporting photos are required.

## Customer information

<b>Customer Name and Address:</b>	<b>Date:</b>
	<b>Customer's Reference No. (if applicable):</b>
<b>Dinex Invoice Number:</b>	<b>Customer's Contact Person (name, phone, e-mail):</b>

## Installation and Failure data

<b>Installation Status:</b> <input type="checkbox"/> Installed <input type="checkbox"/> Not Installed ( <i>new defect – installation data not applicable</i> )	
<b>Date of <u>Installation</u>:</b>	<b>Odometer / Hour Meter Reading <u>at Installation</u>:</b> Value: _____ Unit: <input type="checkbox"/> km <input type="checkbox"/> miles <input type="checkbox"/> hours
<b>Date of <u>Failure</u>:</b>	<b>Odometer / Hour Meter Reading <u>at Failure</u>:</b> Value: _____ Unit: <input type="checkbox"/> km <input type="checkbox"/> miles <input type="checkbox"/> hours

## Vehicle / Application information

<b>Vehicle/Equipment Manufacturer:</b>	<b>Vehicle/Equipment Model:</b>
<b>Model year (if applicable):</b>	<b>Engine displacement (L/cu in) or Power (kW/HP):</b>
<b>Engine Model (if available):</b>	<b>Operating Conditions:</b> <input type="checkbox"/> Normal Duty <input type="checkbox"/> Severe Duty ( <i>high temperature, heavy load, dust, etc.</i> )
<b>Full VIN code (17 characters) / Serial No. (if applicable):</b>	

## DINEX Product information

<b>Dinex Part Number:</b>	<b>Serial Number (if applicable):</b>
<b>Claimed Quantity (pcs):</b>	<b>Traceability Number (Only for mechatronics products, Number format: ####-##-##):</b>



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## Failure information

<b>Failure Category</b> (select one or more if applicable):	<input type="checkbox"/>	<b>1. Premature Failure / Durability Issue</b>	<b>Description of the issue:</b>
	<input type="checkbox"/>	<b>2. Diagnostic Trouble Code (DTC)</b>	
	<input type="checkbox"/>	<b>3. Weld Defect</b>	
	<input type="checkbox"/>	<b>4. Leakage</b>	
	<input type="checkbox"/>	<b>5. Transportation Damage</b>	
	<input type="checkbox"/>	<b>6. Blockage</b>	
	<input type="checkbox"/>	<b>7. Visual Defect</b>	
	<input type="checkbox"/>	<b>8. Incorrect Part Supplied</b>	
	<input type="checkbox"/>	<b>9. Dimensional Deviation</b>	
	<input type="checkbox"/>	<b>10. Fitment/ Mounting Issue</b>	
	<input type="checkbox"/>	<b>11. Other (please specify)</b>	

**How did the defect develop?**     Sudden failure     Gradual deterioration

**Description of symptoms observed (e.g., blocked filter, loss of power, warning lights, abnormal noise, leakage, etc.):** \_\_\_\_\_

**Diagnostics Performed:**     Yes     No

**If Yes:**

Diagnostic Report Attached

DTC Codes Listed Below

**DTC Codes:** \_\_\_\_\_

**Modifications / Other Installations:**

**1. Have any modifications or non-OEM components been installed on the vehicle/equipment exhaust system?**

No

Yes (please describe below)

**Description:** \_\_\_\_\_

**2. Repair Information:**

Only the Dinex part was replaced

Other components were replaced (for example NOx sensor, AdBlue pump, etc., please specify):

\_\_\_\_\_

The information provided will be processed in accordance with Dinex data protection policies and applicable local regulations.