



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

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

Installation and Failure data

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

Vehicle / Application information

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

DINEX Product information

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



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Failure information

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

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.