



Nunawading Toyota Parts Return Form

PARTS RETURN ADDRESS:
Jefferson Parts Distribution Centre
9-19 Rooks Road
Mitcham, VIC 3132

- Page 1 of this Parts Return Form must be included with your approved return.
 - If this form does not accompany your return, this will result in processing delays.
- Page 2 of this form is ONLY if your return is a used/fitted parts warranty claim and page 2 MUST also be completed and returned.

I have read & understand the Nunawading Toyota returns process on the website - YES NO

RETURN AUTHORISATION NUMBER:

APPROVED RETURN REASON CODE: (select your reason code provided in authorisation)

- CODE 01: Item no longer required / change of mind
- CODE 05: Item listing error
- CODE 02: Purchased incorrect item
- CODE 06: Does not suit my vehicle
- CODE 03: Item received damaged
- CODE 07: Item is faulty / warranty return
- CODE 04: Freight company error
- CODE 08: Authorised specific return request

CUSTOMER NAME:

FURTHER RETURN COMMENTS:

Selected applicable box/s:

- Returning for REFUND
- Returning for REPLACEMENT
- Returning for WARRANTY
Page 2 parts warranty form
completed & included

Toyota Part Number/s & Nunawading Toyota invoice number/s you are returning:

PART NUMBER	PART DESCRIPTION	INVOICE #	QTY RETURNING
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Customer Sign Here



Nunawading Toyota

Parts Warranty Claim Form



- This form is for Parts claim only – refund for part only or re-supply part only.
- Failure to completely and accurately fill out this form will result in your claim being rejected until form is complete. The below information is required to lodge your claim with the manufacturer, your claim can't be submitted without this information.
- This completed form **MUST** be returned with the warranty part (return address below), along with the information in the next bullet section, this form must also be emailed as specified in the following bullet section.
- Accompanying this form **MUST** be the following:
 - MANDATORY -**
 - The warranty part.
 - Copy of Nunawading Toyota parts invoice the part was purchased on.
 - IF APPLICABLE -**
 - Copy of fitment invoice.
 - Any failure reports that can be provided to support your claim.
- Email completed form and required information as an attachment to partswarranty@jeffersongroup.com.au
 - Use customer name, part number, and parts invoice number in the email subject field.

CUSTOMER NAME:

ADDRESS:

SUBURB:

STATE:

PHONE NUMBER:

CAR REGO #:

VIN #:

DATE PART FITTED:

DATE PART FAILED:

CAR KILOMETERS AT FITMENT:

CAR KILOMETERS AT FAILURE:

DESCRIPTION OF PART ISSUE:

PRESUMED CAUSE OF FAILURE:

PART NUMBER:

PART DESCRIPTION:

PARTS INVOICE #:

CUSTOMER SIGNATURE:

DATE FORM COMPLETED:

RETURN ADDRESS:

Jefferson Automotive Group PDC
Parts Warranty
9-19 Rooks Rd
Mitcham, VIC 3132

PRIOR TO RETURNING:

- Ensure this form is entirely completed accurately.
- Ensure all documentation is enclosed.
- Ensure all documentation is emailed.