



D A N D Y H O R S E

	Place and date:
Name and surname:	
E-mail:	
Address and telephone no.:	

## Crash Replacement Form

Model:
Date of purchase:
Damage detection date:
Description of the damage and circumstances of its occurrence:

**I would like to request a wheel repair with a 50% discount under the Crash Replacement Program, which is available to me for three years from the date of purchase.**

Signature:
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