



HELLSTENGEARS

Gearbox specialists since 1983

Complaint protocol - Automatic gearbox

ORDER- OR INVOICE NO.	VEHICLE LICENSE PLATE NO.	MILEAGE (KM)	
.....	
COMPANY NAME	CONTACT PERSON	PHONE NO.	E-MAIL ADDRESS
.....
TYPE OF GEARBOX			
<input type="checkbox"/> Automatic			
<input type="checkbox"/> DSG			
VEHICLE IS A		GENERAL USE	
<input type="checkbox"/> Commercial vehicle	<input type="checkbox"/> Private vehicle	<input type="checkbox"/> Regularly carry heavy load	
<input type="checkbox"/> Emergency vehicle		<input type="checkbox"/> Regularly pulls a trailer	
<input type="checkbox"/> Taxi		<input type="checkbox"/> Regularly travels in city traffic	
<input type="checkbox"/> Courier / delivery vehicle		<input type="checkbox"/> Regularly travels on the freeway	
<input type="checkbox"/> Vehicle for other heavy use		<input type="checkbox"/> Regularly transports passengers	

Vehicles with suspected problems should be taken out of service immediately.
Problems that arises due to continued driving are not covered by warranty.

Quality documentation

Which documents are attached to the complaint?

- Diagnostic protocol (debugging protocol)
- Check list (mounting protocol)
- Other
- No documentation available

Description of problem / error

Did the problem occur at a particular event / time? When? Where? How? Describe the circumstances thoroughly:

.....

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.....

ERROR CODES FROM THE GEARBOX	ERROR CODES FROM THE ENGINE	OTHER ERROR CODES
.....

FLIP >

Symptoms

The symptoms are Sporadic Constant No information

Are the symptoms in the replacement gearbox the same as the symptoms in the original gearbox? Yes No No information
Describe.....
.....
.....

Occurs when the gearbox (oil) is Cold Warm Regardless cold/warm No information
Has the oil been replaced? Yes No Not checked
When (date).....

Is the oil level correct? Yes No Not checked
! Is the oil (ATF) burned? Yes No Not checked
! Metal parts / chips in the oil? Yes No Not checked
! Is there any glycol in the oil? Yes No Not checked
! Lacking drive on any gear? Yes No Not checked
Which gear/s?.....

Any audible noise? Yes No No information
What gear?.....
Noise level?.....
What kind of noise?.....
Increase with acceleration?.....

Any slip? Yes No No information
What gear?.....
When changing gear.....

Problems with shifting gear? Yes No No information
What gear?.....
Sporadic or constant error?.....
When the gearbox is cold or warm?.....

Any vibrations? Yes No No information
How strong?.....
Increase with acceleration?.....
When? (specify speed, throttle and engine brake)

The same person has performed the test run, troubleshooting and filled in this complaint document?

Yes No
Test run
Troubleshooting
Complaint document

I hereby certify that the details given are true and correct as to the best of my knowledge and belief and I undertake to inform Hellsten Gears AB of any changes therein, immediately.

DATE / CITY

SIGNATURE

.....

CLARIFICATION OF SIGNATURE (FULL NAME)

.....

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