

## Complaint protocol - Manual gearbox

ORDER- OR INVOICE NO.	VEHICLE LICENSE PLATE NO.	MILEAGE (KM)	
.....	.....	.....	
COMPANY NAME	CONTACT PERSON	PHONE NO.	E-MAIL ADDRESS
.....	.....	.....	.....
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

### General

Has any gearbox related parts been recently exchanged?

- Yes (date)  No
- Clutc.....
- Slave cylinder.....
- Flywheel.....
- Release bearing.....
- Other.....

### Description of problem / error

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

.....

.....

.....

.....

.....

.....

FLIP >

## Felsymptom

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

Does the oil look normal?  Yes  No  Not checked

Metal chips in the oil?  Yes  No  Not checked

Missing drive on any gear?  Yes  No  No information  
Which gear/s?.....

The clutch operate normally?  Yes  No.....

The clutch feels normal?  Yes  No.....

Difficulty shifting gear?  Yes  No  No information

Noise occur when shifting gear?  Yes  No  No information  
Which gear/s?.....

Any other audible noise?  Yes  No  No information

- Single gear/s
- Constant
- Constant but only during idle
- Connected to speed
  - During acceleration
  - At engine brake

Noise if clutch is pressed down?  Yes  No  No information

Gears feel/appear sluggish?  Yes  No  No information  
Which gear/s?.....

Gearshift mechanism adjusted?  Yes  No  No information

Any vibrations?  Yes  No  No information

How strong?.....  
Increases 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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