

To provide you with a good service, please fill in this form completely.

Please make sure to add a **purchase invoice** in the delivery and send the whole product in a **clean** condition.

We recommend to register your airbag system at www.my.helite.com.

* Required fields

Contact details for shipping	<input type="checkbox"/> Retailer <input type="checkbox"/> Customer	Address
	* Surname	* Street and streetnumber
	* First name	* Addition to address
	Phone	* Zip Code - City
	* Mobile	* Country
	* Email	* Date

Reason
To better understand the situation and your request, please describe in detail the circumstances of the fall, the place, the affected body parts, etc).
<input type="text"/>

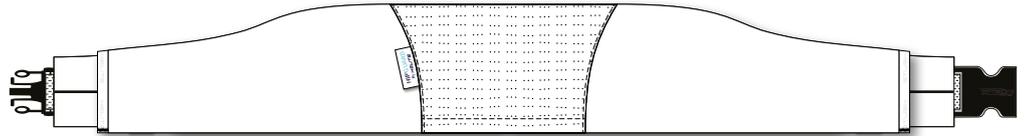
Description	
Fall	No fall
<input type="checkbox"/> Fall: Nothing to report	<input type="checkbox"/> Never crashed, nothing to report
<input type="checkbox"/> Fall: System triggered, airbag damaged	<input type="checkbox"/> Problem though normal use
<input type="checkbox"/> Fall: System does not seem to have triggered	

Details	
<input type="checkbox"/> Torn textile	<input type="checkbox"/> Airbag trigger problem
<input type="checkbox"/> Press button problem	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Zip problem	<input type="text"/>
<input type="checkbox"/> Buckle	
<input type="checkbox"/> Adjusting straps	

In case of textile-related problems, tick the area and encircle the parts that are damaged or faulty.

* Serial number of the model:

FRONT



BACK

