



Hyundai Exchange Transmission Request Form



FluidDrive Holdings Pty Ltd

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DEALER INFORMATION

Date: _____

Dealer Name: _____

Address (service location): _____

Suburb: _____

Postcode: _____

Dealer Contact Name: _____

Dealer code: _____

PO/PWA Number: _____

Phone No: _____

Fax No: _____

Email Address: _____

VEHICLE INFORMATION

VIN:

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Warranty Retail Delivery Date: _____

Kilometers: _____

Has the transmission been repaired or replaced previously?
If Yes, Date: _____ Odometer: _____

Is this a Vehicle Off Road Situation Yes No

TRANSMISSION INFORMATION

Model Number: _____ Part Number: _____

Customer Complaint: _____

Slippage (A/T) 1-2 2-3 3-4 4-5 5-6 6-5 5-4 4-3 3-2 2-1

Shock (A/T) 1-2 2-3 3-4 4-5 5-6 6-5 5-4 4-3 3-2 2-1

Flare (A/T) 1-2 2-3 3-4 4-5 5-6 6-5 5-4 4-3 3-2 2-1

Noise 1 2 3 4 5 6 R N

No Drive 1 2 3 4 5 6 R

T/C operation (A/T) Harsh Shudder No release No apply

Busyness at km/h Other

Oil: Colour: _____ Condition: _____

DTC Codes: _____

Technician's diagnosis: _____

FLUIDDRIVE USE ONLY:

Request received (time/date): _____	
Exchange unit consigned (date): _____	
Carrier: _____	Con note no: _____
Serial no. shipped: _____	