



**BMC Switzerland AG**

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# Crash Replacement

Crash Replacement No.

To be completed by BMC

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Important: Please complete all fields, otherwise the claim cannot be processed!

## Personal data

Last name, first name	
Street	
Zip code, city	
Email	

## Specialist dealer

Name	
Street	
Zip code, city	

## Bicycle

Model	
Frame no.	
Model year	
Size	
Color	
Date of purchase	

## Accident report:

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\_\_\_\_\_  
City, date

\_\_\_\_\_  
Signature

Hand over the completed form with the purchase receipt or warranty card to the dealer together with the defective bicycle.