

FILL IN AND RETURN WITH CORE TO STM!

Car/Model:		Engine:		Reg no:		Claim date:
Model-year:		Vin no:		Mileage - Km		Mileage - Miles
Transmission Part no:		Serial no:		Name and tel. to techniciar		n:
Customer complaint:						
Noise (clunk, growling, whining) in what gear						
What condition:						
	Hot	\bigcirc	Cold	\bigcirc		
	Always	\bigcirc	Intermittent:	\bigcirc		
Fault codes:						
Leak:	Yes	\bigcirc	No)	Position:	
ATF:	Level	<u> </u>	Visual appeara	nce:		
	Slipping	Harsh	Delayed	No shift	Vibration	
P-R	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
N-D	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
N-R	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
R-D	Q	\bigcirc	Q	\bigcirc	\bigcirc	
1-2	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
2-3	\bigcirc	\bigcirc	\bigcirc	Ŏ	\bigcirc	
3-4	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
4-5 5-6	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
5-6 6-7	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
7-8	$\left \right\rangle$	$\left \right\rangle$	\bigcirc	\bigotimes	\bigcirc	
8-7	$\bigcup_{i=1}^{i}$	$\bigcup_{i=1}^{i}$	\bigcirc	$\bigcup_{i=1}^{i}$	\bigcirc	
7-6	$\widetilde{\bigcirc}$	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
6-5	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	$\widetilde{\bigcirc}$	
5-4	Ŏ	ŏ	ŏ	Ŏ	Ŏ	
4-3	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	
3-2	Õ	Õ	Õ	Õ	Ō	
2-1	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
L/U	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Technicians diagnosis:						
FOR STM RECEIVING:Contact:Utvändig kontroll:Phone: +46(0)303-727 880Ev. Kommentarer:E-mail: info@stmab.netOKWeb: www.stmab.se						