

eFOLDi Assessment & Warranty Form

| | | | |
|-------------------------|----------------------|---------------|----------------------|
| User Name | <input type="text"/> | Model | <input type="text"/> |
| User Address | <input type="text"/> | Serial No. | <input type="text"/> |
| | | Purchase Date | <input type="text"/> |
| | | Dealer | <input type="text"/> |
| User Disability Details | <input type="text"/> | | |

Any information disclosed is protected under the Data Protection Act 1998 and will not be disclosed to any third parties

| | | | |
|---------------------|---|-----------------|---|
| Progressive Illness | <input type="radio"/> Yes <input type="radio"/> No | Eyesight | <input type="radio"/> Good <input type="radio"/> Acceptable (Can read a number plated at 12.3 meters) |
| Main Use | <input type="radio"/> Indoors <input type="radio"/> Outdoors (Pedestrian areas)* | Hearing Ability | <input type="radio"/> Good <input type="radio"/> Acceptable (Can hear the audible warnings on the product) |

*Class 3/C Scooters can be used on public roads

.....
Fold along dotted line

| | |
|--------------------|---|
| Balance – Standing | <input type="radio"/> Good <input type="radio"/> Acceptable (Person can balance without the aid of support) |
| Balance – Seated | <input type="radio"/> Good <input type="radio"/> Acceptable (Persons must use the lapbelt if fitted and the armrests in the down position) |
| Concentration | <input type="radio"/> Good <input type="radio"/> Poor (Attendant to be person when the product is being used) |
| Co-ordination | <input type="radio"/> Good <input type="radio"/> Acceptable (Person can operate all functions safely and accurately on the product) |

eFOLDi suggests that your ability to safely use the product should be assessed on a regular basis.

| | | | |
|------------------|----------------------|-----------------|----------------------|
| User Weight (kg) | <input type="text"/> | User Height (m) | <input type="text"/> |
|------------------|----------------------|-----------------|----------------------|

I, (the Dealer) confirm that the product has been demonstrated prior to commissioning / delivery and is suitable for use by the person named above

| | |
|--------|----------------------|
| Signed | <input type="text"/> |
| Print | <input type="text"/> |
| Signed | <input type="text"/> |

I, (the User) confirm the above is true and correct and that the product has been demonstrated and I am aware of its functions. I agree to read the manual prior to using the product (Please tick box)

This form **must** be filled, signed and returned to eFOLDi or our dealer to validate your warranty. Please see Warranty terms and conditions.

Warranty

The warranty period of the vehicle is as follows:

| No. | Description | Warranty | Comments |
|-----|--|-------------|---|
| 1 | Main frame, Sub frame | 12 months | Weld or material cracking phenomenon. Except bending, deformation or cracking caused by abnormal use, such as overweight. |
| 2 | Motor | 12 months | Abnormal use of the damage is not a warranty |
| 3 | Controller, Charger, Handle Bar, Brake Handle, Horn, V Brake(excl. brake pads), Rear wheels, Headlight, Indicators, Brake Lights | 12 months | Abnormal use of the damage is not a warranty |
| 4 | Tyres, Fuses, Brake pads, Brake cable | No Warranty | Wearing parts, to be replaced in a timely manner. |
| 5 | Battery | 6 months | |

Serial number

Part Name

Warranty