

Warranty Claim Form



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1 CLAIM NO.	2 CLAIM TYPE			3 MACHINE	4 SERIAL NO.	5 HOURMETER	6 FAILURE DATE	7 REPAIR DATE	8 WARRANTY START
	<input type="checkbox"/> MACH	<input type="checkbox"/> OOB	<input type="checkbox"/> PARTS				/ / d d m m y y	/ / d d m m y y	/ / d d m m y y
9 MACHINE OWNER						10 SERVICE PROVIDER			
Customer No. Customer Name Address City/Country Contact Name Contact Phone						Provider No. / WC Provider Name Address City/Country Contact Name Contact Phone PO / Inv No.			
11 PARTS REPLACED / LABOR PERFORMED									12 AUTH NO.
Note: Retain defective parts until our final approval. We may request that they be returned for inspection.									
Part No.	Description	Return Part	Qty	Part Cost	Labor Hours	Labor rate /hr	Labor Cost		13 RETURN NO.
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
		Y <input type="checkbox"/> / N <input type="checkbox"/>							
Trip/Travel	Description	Kilometers			Hours	Trav Cost		OFFICE USE ONLY	
Travel	Trip/Travel to Customer Site							Equipment <input type="text"/>	
								Notification <input type="text"/>	
								Credit Memo No. <input type="text"/>	
								Mfg Ship Date <input type="text"/>	
								App Type WA <input type="checkbox"/> PA <input type="checkbox"/> GW <input type="checkbox"/>	
								Approved By <input type="text"/>	
								Approved Date <input type="text"/>	
14 PART CAUSING FAILURE									
Part No.	Description	Comment							
15 DESCRIPTION OF DEFECT / TROUBLESHOOTING PROCEDURE / HOW YOU SOLVED PROBLEM									