

## WARRANTY CLAIM REPORT

DATE:

VEHICLE OWNER:

ADDRESS:

PHONE:

EMAIL:

CONTACT NAME(S):

REPAIRER:

DISTRIBUTOR:

DATE OF FAILURE:

DATE IN SERVICE:

HOURS IN SERVICE:

DATE PART FITTED:

APPLICATION:

VEHICLE MAKE:

MODEL:

VEHICLE REGISTRATION NUMBER:

TRANS. MAKE:

MODEL:

PTO PART NUMBER:

S/N:

PUMP PART NUMBER:

S/N:

ORIGINAL INVOICE NO:

DATE:

**NATURE OF COMPLAINT:** (Please note, anything which may help to identify cause of failure, Photos)**DESCRIPTION OF REPAIR:** (Attach any relevant documentation if applicable)

## WARRANTY CLAIM REPORT


QTY	PART NUMBER	DESCRIPTION	COST	QTY	PART NUMBER	DESCRIPTION	COST


**CLAIM DECISION:**      **ACCEPT**       **REJECT**       **PARTS SUPPLY ONLY**

**REASON:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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