

WARRANTY REPORT & CLAIM



- Type of Claim: Part only
 Part and labor (If installed by ADF Diesel)
 Claim including progressive damage

Date : _____

Branch producing the claim : _____

Person producing the claim : _____

Name of client (#LCM): _____ Contact: _____ Telephone: _____

E-Mail address: _____

Part number and description : _____

Original invoice number : _____

Engine information (if it applies)

Manufacturer: _____

Serial number: _____

C.P.L / arrangement: _____

Date of installation: _____

Mileage or hours at installation: _____ Mileage or hours at replacement: _____

Vehicle information (if it applies)

Make: _____

Model: _____

Serial number : _____

Describe the problem:

How was the problem fixed?

How would you qualify the problem: Unique Could occur again (Internal use only)

Amount claimed for parts: \$ _____ (Attach documents)

Amount claimed for labor: \$ _____ (Attach documents – If installed by ADF Diesel)

Total claimed: \$ _____

Parts must be sent prepaid. Include the transport fee to your claim and it will be credited if the claim is approved.