WARRANTY CLAIM FORM

Date: _____ **Claim #** _____

Customer Information

Name	
Address	
Phone	
E-mail	

Service Center Information

Name			
Address			
Phone			
Fax		Invioce Number	

Generator Information

S/N #			
Model		Hours	
KW size		In Service Date	/ /
Remote Radiator	Yes ☐ No ☐		

Installation Type

Coach/RV	Yes ☐	No ☐	Front ☐	Center ☐	Rear ☐
Truck	Yes ☐	No ☐	Slide Rack	Yes ☐	No ☐

Qty.	Part #	Description	Unit Price	Amount
Note: Claim total must include all parts, labor, and sublets.			Sub Total	
			Claim Total	

Repair Description # 1

Complaint		Labor Hrs	Code
Cause			
Correction			

Repair Description # 2

Complaint		Labor Hrs	Code
Cause			
Correction			

Repair Sublets

Labor Total					
Date	Invoice Number	Labor	Parts	Sub Total	Total
				Sub. Total	

Office Use Only

Date Rcvd	/ /	Approved	Yes ☐	No ☐	Date
Parts Rcvd	Yes ☐	No ☐	Claim Amt		/ /
Parts Insp	Yes ☐	No ☐	Amt Paid		/ /

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