

# WARRANTY CLAIM



TRANSMISSION SERIAL NUMBER:  DATE TRANSMISSION PUT INTO SERVICE:  TRANSMISSION PART NUMBER:  TYPE OF MACHINE/MODEL:

CLAIM SUBMISSION DATE:  DATE PLACED IN REPAIR CENTER:  MACHINE MANUFACTURER:  HOURS ON MACHINE:

*This area to be completed by TTC personnel*

CLAIM NUMBER:  CLAIM VERSION:  DATE CLAIM RECEIVED:  NOTES:

PREVIOUS CLAIMS FOR THIS SERIAL NUMBER:

**REPAIRING DEALER INFORMATION**

NAME:

DEPARTMENT:

ADDRESS 1:

ADDRESS 2:

CITY:  STATE:  ZIP:

COUNTRY:  PHONE:  EMAIL:

**OEM/DISTRIBUTOR INFORMATION**

NAME:

DEPARTMENT:

ADDRESS 1:

ADDRESS 2:

CITY:  STATE:  ZIP:

COUNTRY:  PHONE:  EMAIL:

**CUSTOMER INFORMATION**

NAME:

DEPARTMENT:

ADDRESS 1:

ADDRESS 2:

CITY:  STATE:  ZIP:

COUNTRY:  PHONE:  EMAIL:

**CLAIM DETAILS**

PRIMARY ISSUE: (ex. Leak)

SECONDARY ISSUE: (ex. Axle Seal)

CUSTOMER COMPLAINT DETAIL: (minimum 150 character description)

DEALER REPAIR COMMENTS:

LABOR HOURS SUBMITTED:  LABOR RATE (\$US):  FREIGHT REQUESTED (\$US):

FREIGHT REASON:

REPAIR PARTS USED:

PART NUMBER	PART DESCRIPTION
1	
2	
3	
4	
5	
6	
7	
8	

AMOUNT REQUESTED (\$US):


LABOR TOTAL: \$

FREIGHT TOTAL: + \$

PARTS TOTAL: + \$

CLAIM TOTAL:

**CLAIM SUBMITTED BY:**