



WARRANTY CLAIM REPORT		Date:
Dealer:	City:	Province:
End User:	City:	Province:
Model:	Serial No:	Reference:

Description of problem and probable causes :

Actions taken:

Truck informations: (if possible) Remember to respect max pressure for attachement

Brand and Model :

Connection Pressure:

Operation pressure:

Oil Flow rate:

Part #	Description	Qty	Price

Please attach additional sheets if more space needed

Labor Hours: @ 55\$/h	Total Claimed:
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Dealer signature:

Date:

BBA section:

Claim approved by:

Date:

Claim number: