



Warranty Claim Form

TMWD CLAIM No.: _____

All information must be provided before claim can be processed by the TecBrake Service Center (TSC).

TMWD: _____

FLEET

DISTRIBUTOR

DISTRIBUTOR: _____	CONTACT NAME: _____
LOCATION: _____	PHONE NO.: _____
REPAIR FACILITY: _____	CONTACT NAME: _____
LOCATION: _____	PHONE NO.: _____
CUSTOMER: _____	CONTACT NAME: _____
LOCATION: _____	PHONE NO.: _____
DATE CLAIM SUBMITTED: _____ ^{MO/DAY/YR}	ENGINE MODEL: _____
DATE IN SERVICE: _____	ENGINE SERIAL No.: _____
DATE OF FAILURE: _____	ENGINE BRAKE S/N: _____
MILER/HRS. IN SERVICE: _____	ENGINE BRAKE MOD.: _____
	ENGINE CPL (IF APPLY) _____
	TRUCK MAKE: _____
	TURBO MODEL: _____
	MODEL & YEAR: _____

QTY	PART NUMBER	PART DESCRIPTION	UNIT COST	EXTENDED

<p>INCLUDE THE FOLLOWING DOCUMENTARION WITH CLAIM:</p> <ol style="list-style-type: none"> 1) OEM PARTS INVOICE OR LIST 2) WORK ORDER OR REPAIR ORDER 3) RELEVANT SUPPORTING DOCUMENTATION 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>TOTAL PARTS</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>HOURLY LABOR RATE</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>HOURS REQUIRED</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>TOTAL LABOR</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>TOTAL CLAIMED</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	TOTAL PARTS	\$ _____	HOURLY LABOR RATE	_____	HOURS REQUIRED	_____	TOTAL LABOR	\$ _____	TOTAL CLAIMED	\$ _____
TOTAL PARTS	\$ _____										
HOURLY LABOR RATE	_____										
HOURS REQUIRED	_____										
TOTAL LABOR	\$ _____										
TOTAL CLAIMED	\$ _____										

REQUIRED COMMENTS: (1) OPERATOR COMPLAINT (2) CAUSE (3) CORRECTION

TSC ANALYSIS AND COMMENTS	WARRANTY DISPOSITION & REIMBURSEMENT
	APPROVED _____ DENIED _____ MODIFIED _____
	PARTS ALLOWED: _____ LABOR ALLOWED: _____
	TOTAL ALLOWED ON CLAIM: _____ DATE: _____ ^{MO/DAY/YR}
	CREDIT MEMO No.: _____
	CHECK No.: _____
	PARTS SHIPPED ON S.O. No.: _____