

Warranty Claim Form

THIS FORM MUST BE COMPLETED IN FULL BEFORE CLAIM IS PROCESSED

* DELETE AS APPLICABLE

Date of Claim:-

Distributors Name & Address:-

Owners Name & Address:-

Engine Type	<input type="text"/>	Engine Serial No.	<input type="text"/>
Alternator Type	<input type="text"/>	Alternator Serial no.	<input type="text"/>
Application	<input type="text"/>	Date of Commission	<input type="text"/>
Plant Number	<input type="text"/>	Hours Run	<input type="text"/>
Ambient Temperature	<input type="text"/>	Date of Failure	<input type="text"/>
Altitude	<input type="text"/>	Generator Model	<input type="text"/>

Engine Symptoms Before Failure (additional sheets can be attached)

Description of Failure with Photo's if available (additional sheets can be attached)

List of Failed Component[s], Serial Number and Hours Used (additional sheets can be attached)

For Broadcrown use only

Warranty No.: W Date.:

Genset Despatched from works.:

Claim received.: * Accepted Rejected Part Accepted Pending Investigation

Remarks

Conclusions

Reported By : Date

Signed