

<h1 style="margin: 0;">Warranty Claim Report</h1>	Claim No	
	Date (MM/DD/YY)	

Customer :	Address :
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Machine Model	Serial Number	Main Activity	Attachment
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<b>Claimed</b>	Part No.	Description	Quantity	JL Parts Invoice No.
<b>Parts</b>	Delivery Date to end user		Failure Date	Working Hour

Technical description of failure (please enclose photos if possible) :

Warranty request :

Contact name, phone, fax and e-mail:	Signed:
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**PLEASE FORWARD YOUR COMPLETED CLAIM REPORT TO FAX: 1-905-624-7265 or E-MAIL [jay@jlparts.com](mailto:jay@jlparts.com)**

**Claim Status (decided by \_\_\_\_\_ )**

Claim accepted     
  Claim denied     
  More information required

Note :

Decision date: \_\_\_\_\_      Signed: \_\_\_\_\_

