

# SERVICE PARTS WARRANTY REQUEST CLAIM FORM

Mack Trucks, Inc.

Owner's Name \_\_\_\_\_

Volvo Trucks North America

Owner's Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Failed Part Purchased from \_\_\_\_\_ Invoice Number\* \_\_\_\_\_

Replacement Purchased from \_\_\_\_\_ Invoice Number\* \_\_\_\_\_

## VEHICLE INFORMATION:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

VIN \_\_\_\_\_

Part Installation Date \_\_\_ / \_\_\_ / \_\_\_ Mileage When Installed \_\_\_\_\_

Engine Hours at Installation \_\_\_\_\_ Part Installed By \_\_\_\_\_

Part Failure Date \_\_\_ / \_\_\_ / \_\_\_ Mileage at Failure \_\_\_\_\_

Engine Hours at Failure \_\_\_\_\_ Repaired by \_\_\_\_\_

Failed Part Name \_\_\_\_\_ P/N \_\_\_\_\_

Original Serial Number of failed part if available \_\_\_\_\_

Replacement Serial Number of new part if available \_\_\_\_\_

Complaint \_\_\_\_\_

Cause \_\_\_\_\_

Correction \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No claim will be considered unless this form is properly completed and signed by the customer. I understand that this is a request for warranty reimbursement and is not a guarantee of warranty eligibility. I assume full responsibility for payment of this bill should the manufacturer refuse payment. I also confirm that this form has been completed truthfully and to the best of my knowledge.

Customer Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Print Customer Name \_\_\_\_\_

## FOR DEALER USE ONLY:

Claim Number \_\_\_\_\_ Dealer Code \_\_\_\_\_