



Mailing:
36 Bruce Road
Levin 5510
New Zealand
P: +64 02 143 2355
F: +64 06 368 9164

Warranty
Claim Number

Date: _____

Dealer: _____

Customer: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Model: _____

Serial Number: _____

Customer Delivery Date: _____

(A) Description of Failure

Failure Date: _____

Hour Meter Reading: _____

(B) Corrective Action Taken

Repair Date: _____

Problem Part Number: _____ Problem Part (mfg.) Serial Number: _____

Quantity	Part Number	Description	Unit Cost	Total Cost	Snorkel Invoice Number

Dealer Authorized Signature: _____

Certify that the information contained hereon is accurate. Unless otherwise shown, services described were performed at no charge to owner. Records to support the validity of this claim are available for inspection by representatives of Snorkel.

Important Note:

Attach a copy of work order for repair to this claim when submitting to the Snorkel Warranty Department.

Credit will be issued only following inspection and disposition by factory of defective parts returned prepaid within 45 days from date of failure.

Returned parts must be accompanied by packing list copy of this claim form.

Please refer to claim number on all attachments and communications.

Date	Labor (hrs)	Date	Travel (hrs)

Total Hours _____ @ \$ _____ per hour*

* Dealer authorized field repair rate

RMA # _____

CM # _____

Do not write in the section below, for internal use only.

Dealer Code: _____

Problem Code: _____ Bulletin #: _____

Parts \$ _____

Labor \$ _____ hrs @ \$ _____ an hour

Travel \$ _____ hrs @ \$ _____ an hour

Misc. \$ _____

Freight \$ _____

Total

Credit \$

8230189