Standard Warranty Claim Form

Name & Address of Claimant	Name & Address of User	Claim N°
		Date Issued

Claimant Phone N°	
Claimant Fax N°	
Claimant Email:	

Vehicle Type	Vehicle N°	Gross Vehicle Weight

AxleTech Model	Carrier Ratio	AxleTech Serial N°

Date in Service	Date of Failure	Rework Date	Odometer Hours

Nature & Cause of Failure

Qty	AxleTech Part N° & Description	Unit Cost	Total Cost
		Total Material:	

Action Taken to Repair Product:

Total Value of Claim:

AxleTech disposition regarding warranty claims will be communicated on separate "Claim Payment" form or "Claim Denial" form.

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A GENERAL DYNAMICS COMPANY

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