

Warranty Claim Form (Radiator)

Date (mm/dd/yyyy):

Company Name:

Company Address:

City:

State/Province:

Zip/Postal Code:

Claim Contact Name:

Phone:

Fax:

E-mail:

Failed Product Information:

Original Product Owner:

Vehicle Make:

Model:

Year:

VIN (17 Characters):

Engine Make:

Model:

Rated HP:

at

RPM

Radiator Model (Part) Number:

Radiator Serial Number (E.g. 123456DR):

Original Installation Date (mm/dd/yyyy):

Odometer Reading on Installation Date:

KM

MI

Failure Date (mm/dd/yyyy):

To expedite the claim, please provide all of the following (please check):

Original Invoice for failed Radiator

Picture of the Radiator showing the Serial Number Label (E.g. 123456DR)

Picture of the Radiator failure area

Picture of the Radiator front

Picture of the Radiator back

