

# POWER CURBERS WARRANTY CLAIM REPORT

(To Be Filled Out Completely By Mechanic)

<b>Distributor:</b>	<b>Customer:</b>
<b>Address:</b>	<b>Address:</b>
<b>City:</b>	<b>City:</b>
<b>State:</b> <b>Zip Code:</b>	<b>State:</b> <b>Zip Code:</b>

<b>Machine Model:</b>	<b>*In Service Date:</b>
<b>Serial Number:</b>	<b>*Warranty Expiration Date:</b>
<b>Engine Hours:</b>	<b>Work Completed Date:</b>
<b>**Warranty Claim Number:</b>	<b>Your Work Order Number:</b>

**Part Number and Description of Item Causing Failure:**

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**Specific Assembly of Machine in Which Item Failed (crawler, engine, conveyor, etc.):**

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**Complete Detail of Failure:**

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**Check CAUSE and TYPE of FAILURE to the Best of Your Judgment.**

CAUSE OF FAILURE:	(B) Defective Weld	(D) Welded Wrong	(F) Foreign Material
(A) Weak Material	(C) Part Made Wrong	(E) Assembled Wrong	(G) Other/Unknown
TYPE OF FAILURE:	(5) Came Loose/Off	(10) Oil Consumption	(15) Stripped
(1) Bent/Twisted	(6) Corroded/Pitted	(11) Pin Hole/Porous	(16) Stuck/Seized
(2) Blown	(7) Electrical Failure	(12) Pressure High/Low	(17) Improper Fit
(3) Broke/Cracked	(8) Lack of Power	(13) Scored/Grooved	(18) Worn
(4) Burned Out/Up	(9) Leaked	(14) Short/Shorted	(19) Other/Unknown

**MECHANIC: Have all warranty parts pertaining to this job number been secured, tagged (with customer name, model of machine, work order number, date that work was completed), and ALL parts returned to Power Curbers, Inc., under RETURN AUTHORIZATION FORM? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**RETURN AUTHORIZATION NUMBER (Call Power Curbers for Return Number):**

**If NO, why not? (Explain):**

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DATE: \_\_\_\_\_ MECHANIC'S SIGNATURE: \_\_\_\_\_

\* Not to be filled in by mechanic  
 \*\* Obtain from Power Curbers, Inc.  
 Note: Fill out completely or claim cannot be processed.

**(MECHANIC'S - DO NOT WRITE BELOW THIS LINE)**



**TO BE FILLED OUT BY DISTRIBUTOR**  
**WARRANTY PARTS / LABOR AND OTHER CLAIMS / CREDIT**

PART NO.	DESCRIPTION	INVOICE NO.	QUANTITY	UNIT PRICE	EXTENDED PRICE
				PARTS TOTAL:	
TOTAL LABOR	LABOR RATE:	/hr.	HOURS:	LABOR TOTAL:	
TOTAL MILEAGE	MILEAGE RATE:	/ml.	MILES:	MILEAGE TOTAL:	
TRAVEL EXPENSE <small>Prior Authorization &amp; Receipts Required</small>	LODGING:		MEALS:	TRAVEL TOTAL:	
				GRAND TOTAL:	

**I certify, that to the best of my knowledge, the above claim information is true and correct:**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**FOR POWER CURBER USE ONLY**

ADJUSTMENTS AND ALLOWANCES				PARTS TOTAL:	
TOTAL LABOR	LABOR RATE:	/hr.	HOURS:	LABOR TOTAL:	
TOTAL MILEAGE	MILEAGE RATE:	/ml.	MILES:	MILEAGE TOTAL:	
TRAVEL EXPENSE	LODGING:		MEALS:	TRAVEL TOTAL:	
				GRAND TOTAL:	
REASON FOR ADJUSTMENT / DISAPPROVAL:					

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:**  
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