

COMMERCIAL IN CONFIDENCE

CUSTOMER WARRANTY CLAIM No:

(ATTACHMENT TO SIR / WAF)

Customer					Claim Date	
Vehicle/Parts Location					Accept Date	
Claimant Name			Phone			Fax
Station Contact			Phone			Fax
Original Purchase Order						
Vehicle ID / Rego			SEM Serial No			Project
Claim reported to			Speedometer			Hrs
Note: Original purchases order numbers must be quoted for parts claims						
Warranty may be void if work is performed prior to acceptance by SEM or its suppliers						
Description / Claim						
SEM TO COMPLETE FROM HERE DOWN						
Claim found warrantable	<input type="checkbox"/>	Claim not warrantable			Other	<input type="checkbox"/>
Summary of action to be taken	Recharge Supplier	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Invoice Notification Form Completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Action approved by						
		Date			Finish Date	
QA Closeout	(Brief Description of Action taken to determine root cause of problem And prevent a Recurrence)					
Recommended Action Approved						
			Date			

NOTE: ALL CLAIMS MUST BE SUBMITTED ON THIS FORM