



WARRANTY CLAIM FORM

CLICK HERE TO START A NEW CLAIM

CLICK HERE WHEN YOU HAVE FILLED IN THE CLAIM

CLAIM INFO

Submission Date	<input type="text"/>	Claim No.	<input type="text"/>
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DEALER INFO

Dealer Name	<input type="text"/>	Account No.	<input type="text"/>
End-user Name	<input type="text"/>	End-user Address	<input type="text"/>
End-user Contact No.	<input type="text"/>		<input type="text"/>

MACHINE INFO

Manufacturer	<input type="text"/>	Model	<input type="text"/>	Mach. Invoice No.	<input type="text"/>
Machine Type	<input type="text"/>	Serial No.	<input type="text"/>	Breakdown Date	<input type="text"/>

MODEL-SPECIFIC INFO

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FAILURE DESCRIPTION

Complaint	<input type="text"/>
Cause	<input type="text"/>
Fix	<input type="text"/>

CLAIM

Type	Qty.	Part No.	Description	Invoice No.	Unit Cost	Total Cost

FARMHAND OFFICE USE ONLY

Manu. C.N.	<input type="text"/>	Dealer C.N.	<input type="text"/>	Manu. Nt.	<input type="text"/>	Agreed Amount	<input type="text"/>
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