



# Warranty Claim Form

**CLAIM NUMBER:** \_\_\_\_\_  
Must be unique to each claim. Cannot use same number more than once.

**CLAIM DATE:** \_\_\_\_\_  
Date the claim is submitted.

The Warranty Claim Form must be completed, in full detail, for each warranted unit. One claim form should be submitted for each unit returned. A copy of each claim form, as well as a copy of the Bill of Lading, should be retained for your records.

**REMY CUSTOMER / DISTRIBUTOR INFORMATION:**  
Your company information.

**Account No:** \_\_\_\_\_  
Your Remy Account Number

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**FAILED PART INFORMATION:**

**Failed Part No:** \_\_\_\_\_ **Model/Series:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_  
Part number of the unit removed. Type of unit (21SI, 42MT, etc.) Example: 08B16

**Vehicle In Service Date:** \_\_\_\_\_ **Failure Date:** \_\_\_\_\_  
Date vehicle went into service Date unit removed

**Product In Service Date:** \_\_\_\_\_  
Date product went into service (if same as vehicle, enter "same")

**Vehicle/Equipment Make:** \_\_\_\_\_ **VIN #:** \_\_\_\_\_  
Vehicle Identification Number

**Vehicle Mileage:** \_\_\_\_\_ **Replacement Part Number:** \_\_\_\_\_  
Specify miles, kilometers, or hours and units Part number of unit being installed

**Warranty Type (Original Equipment, New Service, or Remanufactured):** \_\_\_\_\_

**REASON FOR REPAIR / REPLACEMENT:**  
Reason unit is being removed- PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLAIM AMOUNT:**

**Parts (\$):** \_\_\_\_\_ **Misc Charges (\$):** \_\_\_\_\_  
Remy invoice price of the replacement part plus a 20% handling allowance. Any additional charges expected.

**Core Request (\$):** \_\_\_\_\_ **Misc Charges Detail:** \_\_\_\_\_  
Total amount for core reimbursement. Explanation of miscellaneous charges.

**Total Claim Request (\$):** \_\_\_\_\_  Please check this box if the claim is denied and you would like to have the unit returned to you.  
Total amount expected for warranty claim. **MUST PROVIDE SHIPPING AUTHORIZATION (shipper and account #)**

**FREIGHT & SHIPPING INFORMATION**

Remy pays the freight for warranty returns incoming to the Reliability Center. Please use the following information when returning warranty units.

**Freight 0-150 pounds:** UPS Account No. 355-924  
**Freight over 150 pounds:** Contact ProTrans at 888-747-7369 or 317-240-0185.

<b>Send Warranty Claims To:</b> Remy Reman Reliability Center P.O. Box 99 Taylorsville, MS 39168 Phone: (888) 600-5777 or (601) 785-9504 Fax: 601-785-9508 email: warranty@remyinc.com	<b>Send Warranty Parts To:</b> Remy Reman Reliability Center 214 Fellowship Road Taylorsville, MS 39168 Phone: (888) 600-5777 or (601) 785-9504 Fax: 601-785-9508
--	--

Send one copy to the Remy Reliability Center, one copy must be attached to the Warranty Unit, and retain one for your records.