



2300 OREGON STREET  
SHERWOOD, OREGON 97140-9799 USA  
PHONE (503) 625-2560 FAX (503) 625-7616  
www.alliedsystem.com

# WARRANTY CLAIM

DEALER'S NAME (REQUIRED)				CITY, STATE & ZIP CODE (REQUIRED)				
DEALER'S ADDRESS (REQUIRED)				DEALER'S CLAIM NO. (REQ.)		DEALER'S E-MAIL ADDRESS		
OWNER				CITY		STATE		
MODEL (REQUIRED)		HOURS IN SERVICE(MACHINE - REQUIRED)		DATE PART REPLACED		DATE PART RETURNED		
SERIAL NO. (REQUIRED)		DATE OF FAILURE (REQUIRED)		HOURS IN SERVICE (DEFECTIVE PART)		RETURNED VIA		
DATE DELIVERED (MACHINE - (REQUIRED)		DATE DELIVERED (DEFECTIVE PART)		P/N OF PART CAUSING FAILURE				
QTY	X	PART NUMBER	DESCRIPTION		PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT	
EXPLANATION OF CLAIM					PARTS SUBTOTAL (PG. 1)			
					PARTS SUBTOTAL (PG. 2)			
					PARTS GRAND TOTAL			
					LABOR SUBJECT TO FACTORY APPROVAL	HOURS / MILES	RATE	AMOUNT
					SHOP LABOR REGULAR TIME			
					TRAVEL TIME			
CLAIMED IN U.S. DOLLARS AT AN EXCHANGE RATE OF:					MILES TRAVELED			
SHADED AREA FOR FACTORY USE ONLY					TOTAL OTHER			
RECEIVED BY		DATE	APPROVED BY		DATE	GRAND TOTAL CLAIM		
AUTHORIZED SIGNATURE					DATE	ACKNOWLEDGMENT DATE	ASC CLAIM NO.	



2300 OREGON STREET  
SHERWOOD, OREGON 97140-9799 USA  
PHONE (503) 625-2560 FAX (503) 625-7616  
www.alliedsystem.com

# WARRANTY CLAIM

QTY	X	PART NUMBER	DESCRIPTION	PURCHASED ON INVOICE NUMBER	NET EACH	NET AMOUNT

EXPLANATION OF CLAIM (CONTINUED)

PARTS SUBTOTAL

## WARRANTY CLAIM ACKNOWLEDGEMENT

Your claim has been received and assigned to ASC Claim No. \_\_\_\_\_

Your claim cannot be further processed for the following reason(s);

- ☐ Service report not received
- ☐ Inadequate explanation of cause of failure and/or repair
- ☐ Parts inspection required. You are requested to return the parts checked above along with the attached copy of the claim to the attention of WARRANTY COORDINATOR. Parts must be shipped PREPAID to Allied.
- ☐ Other : \_\_\_\_\_

If the above information and/or parts are not received by \_\_\_\_\_, no further consideration will be given to your claim.

Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_