

CCS LIGHTNING WARRANTY CLAIM QUESTIONNAIRE

MECHRON use only: Claim tracking #: _____ Date received: _____

DEALER INFORMATION

Dealer: _____ Date of repair: _____
Mailing Address: _____
State/Province: _____
ZIP/Postal Code: _____ Tel: _____
Shipping Address: _____ Fax: _____
State/Province: _____ Contact: _____
ZIP/Postal Code: _____ E-mail: _____

CUSTOMER INFORMATION

Customer: _____

UNIT IDENTIFICATION

CCS Lightning SN: _____

Warranty account number:

CCS LIGHTNING SERVICE INFORMATION

Date fault occurred: _____ Total hours run: _____

CONDITION

Lube oil: _____ Fuel: _____
Air filter: _____ Coolant: _____
Fuel filter: _____ Water pump belt: _____

FAULT DESCRIPTION

ROOT CAUSE

CORRECTION

FAILED EQUIPMENT'S SERIAL NUMBER

Item	Description	Part Number	Serial Number
A			
B			
C			
D			
E			
F			

REPLACEMENT (NEW) EQUIPMENT'S SERIAL NUMBER

Item	Description	PN	SN	Net Price
A				
B				
C				
D				
E				
F				
Parts total:				

REPLACEMENT PARTS

Item	Description	Qty	PN	SN	Unit price	Price
A						
B						
C						
D						
E						
F						
G						
H						
I						
M						
Parts total:						

LABOUR

Item	Description	Job code	Hours	Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
Labour total:				

MISCELLANEOUS

Item	Description	Qty	Invoice #	Cost
A				
B				
C				
D				
E				
F				
Misc. total:				

Please include copies of invoices.

TOTAL CLAIM: