

# Product Claim Form

All Inquiries Must Reference This Case:

PLEASE PRINT CLEARLY

Claim Date: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Name Of Company You Are Representing: \_\_\_\_\_

## Vehicle Information

Make \_\_\_\_\_ Model \_\_\_\_\_ Yr. \_\_\_\_\_

Serial # \_\_\_\_\_ # of Cylinders \_\_\_\_\_ Cubic Inch Displacement/Liters \_\_\_\_\_

## Product Involved

Brake Parts  PCV  Glow Plug  Wire Set   
Oil Filter  Gas Filter  Fuel/Air Filter  Other

## Product Information

Product Model # \_\_\_\_\_ Date Installed \_\_\_\_\_ Date Failure Occurred \_\_\_\_\_

Mileage at Installation \_\_\_\_\_ Mileage at Time of Failure \_\_\_\_\_

Installed By \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Supplier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Description of Failure (Describe / be specific:)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does vehicle require repair? Yes  No  If yes, please attach an itemized copy of the repair bill.

Amount you are claiming: \$ \_\_\_\_\_

Our testing and evaluation sometimes requires disassembling or cutting open the product. ***If you do not want the product altered, you may check this box, but be aware that this will limit our ability to fully evaluate your claim:***

**This form must be fully completed, signed, and returned in order to process your claim. You have 30 days to file a claim.**

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 11/18/97

**Dear**

Thank you for informing us of the difficulties experienced while using one of our products.

Please take the following steps, so that we may assist you in a timely manner:

- Fill out the enclosed **Product Claim Form**.
- All communication regarding this claim must reference your **claim number**. Your **claim number** is: **Case Number:**
- Place the completed **Product Claim Form** and supporting documentation (such as: repair receipts, estimate of repairs, etc.) in an envelope.
- Product samples containing fluid must be drained and place in a leak proof container.
- Package the product with documentation, and send to:

Cut here for shipping label 

**Honeywell Product Claims  
Product Case Number:  
28399 Cedar Park Blvd.  
Perrysburg, Ohio 43551 U.S.A.**

**NOTES:**

1. We strongly suggest that you ship the package in such a way that you are able to track it.
2. In order for us to perform a proper evaluation, the product you submit must not be altered. Therefore, **the product you send us must not be cut open, modified or altered in any way.** If your evidence has been altered or damaged to where we can not evaluate it, your claim will be denied.
3. Processing will begin as soon as we receive the product and supporting information. We will notify you in writing of our findings. Please allow three weeks for processing.

Thank you again for bringing this matter to our attention.

Sincerely,

Product Claims Department