



PRODUCT CLAIM FORM

Attach copies of the original work order/invoice along with estimate/invoice to correct the problem.

CUSTOMER INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

INSTALLER INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

VEHICLE INFORMATION

Make & Model: _____

Year & Engine Size: _____

PRODUCT INFORMATION

Part# Installed: _____

Date Installed: _____ Mileage at Install: _____

Date Failed: _____ Mileage at Failure: _____

PROBLEM & DAMAGES

Describe Problem & Damages: _____

If the repair to correct the problem has already been made, list who paid for the repair and the amount paid:

SIGNATURE

Your Name: _____

Signature: _____ Date: _____

Acceptance of this form does not constitute liability on the part of Service Champ.

Return product and paperwork to the address below via CERTIFIED MAIL.

**Service Champ
Attention: Product Claims Manager
180 New Britain Blvd
Chalfont, PA 18914**