



# CLAIM FORM / REQUEST FOR FILTER TEST

**Return Filters To:**

Service Champ or Authorized Filter Testing Facility

**Please Use UPS / FedEx Label That Will Be Sent To You After Form Is Submitted**

DATE: \_\_\_\_\_

CLAIM #: \_\_\_\_\_

(Number will be provided by Service Champ)

**Your Distributor:** \_\_\_\_\_**Vehicle Owner Information**

Name:
Address:
City: State: Zip:
Phone:
Email:

**Installer Information**

Company Name:
Contact:
Address:
City: State: Zip:
Phone:
<b>Email:</b>

**Vehicle Information (Required Fields)**

<b>Make:</b>	<b>Model:</b>	<b>Year:</b>
<b>Engine:</b>	<b>Transmission:</b>	<b>VIN #</b>

**Product Information (Please Use the Service Champ #)**

<b>Filter #:</b>	Filter Date Code:	# of Filters Being Tested:
Date of Install:	Date of Return:	Did Tech Inspect Filter and Lubricate Gasket:
Mileage at Install:	Mileage at Return:	<b>Circle One YES NO</b> <b>(Required to Move Forward With Claim)</b>

**Claim Information (Nature of Claim)**


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If a dealership has a statement about this claim, please include their specific testing documentation.

Does the Vehicle Require Repair?: YES  NO  If YES please give dollar value \$ \_\_\_\_\_

Do you authorize destructive testing if required? YES  NO  (Testing Lab sometimes needs to cut open the filter or perform a hydrostatic burst test)

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