DATE:	FILLED OUT BY:	DEALER ACCOUNT NUMBER:

DISTRIBUTOR OR DEALER NAME:

ADDRESS: CITY: STATE: ZIP:

CUSTOMER NAME:

ADDRESS: CITY: STATE: ZIP:

BASE UNIT OR ATTACHMENT THAT FAILED

	SERIAL NO:	DATE OF PURCHASE:	DATE OF FAILURE:	ACRES/HRS OPERATED:

MODEL:	DATE OF REPAIR:	ATTACHMENTS ADDED:

DESCRIPTION OF FAILURE/REASON FOR CREDIT (DO NOT SAY DEFECTIVE).

DEALER SIGNATURE:

FEMA

WARRANTY CLAIM FORM

KELLY ENGINEERING

KELLY ENGINEERING
FAX 011 61 8 8667 2250
office@kellyengineering.com.au

IMPORTANT

1. Claim Must Be Submitted Within 30 Days of Failure.
2. Fill out One Claim Form for Each Unit.
3. Please suppy digital photo with all claims.

PARTS REPLACED (ITEMS CHECKED MUST BE RETURNED TO FACTORY).

QUANTITY	PART NO.	DESCRIPTION	COMPANY USE ONLY: WARRANTY APPROVED	✓	AMOUNT

WARRANTY LABOR	HOURS/ DESCRIPTION	RATE	TOTAL
		TOTAL LABOR ALLOWANCE	
EXPLAIN & ATTACH RECEIPTS FOR "OTHER CREDITS"		OTHER CREDITS	
		TOTAL	

TOTAL PARTS	
TOTAL LABOR & OTHER CREDITS	
TOTAL CREDITS	

RETURN PARTS BY:

- ☐ UPS
- ☐ COMMERCIAL CARRIER
- ☐ COMPANY TRUCK

- ☐ CLAIM APPROVED
- ☐ CLAIM PENDING RETURN & INSPECTION
- ☐ CLAIM DENIED