

Warranty Claim Form

NAVIGATOR FORKLIFT

****PROUDLY MADE IN THE USA****

DATE OF FAILURE:

CLAIM #:

All claims are reviewed and subject to denial. This form must be completely filled out and returned to Chrisman Mfg Inc for review. Claims including parts must have the Chrisman Invoice number for the replacement parts purchased included on the form in the appropriate box. ALL RETURN PARTS MUST BE RECEIVED BY CHRISMAN FREIGHT PRE-PAID WITHIN 30 DAYS OF COMPLETION OF REPAIRS. Failure will result in Claim denial.

MODEL	HRS OF USE	IN SERVICE DATE	UNIT SERIAL NUMBER
DEALER		CUSTOMER	
ADDRESS		ADDRESS	
CONTACT NAME/PHONE:		CONTACT NAME/PHONE:	

P A R T S	QTY	PART NUMBER	PART DESCRIPTION	INV AMOUNT	Related Parts INV# or Your PO# (claim cannot be paid if not included on this form)

L A B O R	LABOR OPERATION	REPAIR HRS	PARTS TOTAL:
TOTAL AUTHORIZED HRS FOR CLAIM:		TOTAL HRS:	

DESCRIBE COMPLAINT, EXPECTED CAUSE AND CORRECTIVE ACTION	NAVIGATOR USE ONLY Date _____ APPROVED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> DENIED <input type="checkbox"/> _____ Navigator representative
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C L A I M R E S P O N S E	NAVIGATOR USE ONLY	PARTS TOTAL <input type="text"/>
		LABOR TOTAL <input type="text"/>
		SHIPPING <input type="text"/>
		CLAIM TOTAL <input type="text"/>

On behalf of the servicing agency, I hereby certify the information contained above to be accurate. We do not believe, from any information supplied by the customer, or by appearance of the machine, that any of the above parts replaced were damaged willfully, by negligence, improper maintenance or by accident. The parts replaced on this claim have been or are being sent (FREIGHT PRE-PAID) to Chrisman Mfg Inc for analysis. The above parts were replaced and services were performed at no charge to the customer.

REVISION APRIL 2007