



Warranty Claim Form

THIS FORM MUST BE COMPLETED IN FULL BEFORE CLAIM IS PROCESSED

* DELETE AS APPLICABLE

Date of Claim:

Distributors Name & Address:

Owners Name & Address:

Genset Model	<input type="text"/>	Genset Serial No.	<input type="text"/>
Engine Type	<input type="text"/>	Engine Serial No.	<input type="text"/>
Alternator Type	<input type="text"/>	Alternator Serial No.	<input type="text"/>
Application	<input type="text"/>	Date of Commission	<input type="text"/>
Altitude	<input type="text"/>	Ambient Temperature	<input type="text"/>
Hours Run	<input type="text"/>	Date of Failure	<input type="text"/>

Engine Symptoms Before Failure (additional sheets can be attached)

Description of Failure with Photo's if available (additional sheets can be attached)

List of Failed Component[s], Serial Number and Hours used (additional sheets can be attached)

For HUIHE use only

Warranty No.: Date:

Genset Despatched from works:

Claim received: *

Accepted	Rejected	Part Accepted	Pending Investigation
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Remarks:

Conclusions:

Reported By: Date:

Signed: