



Warranty Claim Form

CLAIM NUMBER: _____
Must be unique to each claim. Cannot use same number more than once.

CLAIM DATE: _____
Date the claim is submitted.

The Warranty Claim Form must be completed, in full detail, for each warranted unit. One claim form should be submitted for each unit returned. A copy of each claim form, as well as a copy of the Bill of Lading, should be retained for your records.

REMY CUSTOMER / DISTRIBUTOR INFORMATION:

Your company information.

Account No: _____
Your Remy Account Number

Name: _____

Address: _____

City/State/Zip: _____

Country: _____ **Email:** _____

Telephone: _____ **Fax:** _____

FAILED PART INFORMATION:

Failed Part No: _____ **Model/Series:** _____ **Serial Number:** _____
Part number of the unit removed. Type of unit (21SI, 42MT, etc.) Example: 08B16

Vehicle In Service Date: _____ **Failure Date:** _____
Date vehicle went into service Date unit removed

Product In Service Date: _____
Date product went into service (if same as vehicle, enter "same")

Vehicle/Equipment Make: _____ **VIN #:** _____
Vehicle Identification Number

Vehicle Mileage: _____ **Replacement Part Number:** _____
Specify miles, kilometers, or hours and units Part number of unit being installed

Warranty Type (Original Equipment, New Service, or Remanufactured): _____

REASON FOR REPAIR / REPLACEMENT:

Reason unit is being removed- PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE

CLAIM AMOUNT:

Parts (\$): _____ **Misc Charges (\$):** _____
Remy invoice price of the replacement part plus a 20% handling allowance. Any additional charges expected.

Core Request (\$): _____ **Misc Charges Detail:** _____
Total amount for core reimbursement. Explanation of miscellaneous charges.

Total Claim Request (\$): _____ ☐ Please check this box if the claim is denied and you would like to have the unit returned to you.
Total amount expected for warranty claim. **MUST PROVIDE SHIPPING AUTHORIZATION (shipper and account #)**

FREIGHT & SHIPPING INFORMATION

Remy pays the freight for warranty returns incoming to the Reliability Center. Please use the following information when returning warranty units.

Freight 0-150 pounds: UPS Account No. 355-924
Freight over 150 pounds: Contact ProTrans at 888-747-7369 or 317-240-0185.

Send Warranty Claims To:

Remy Reman Reliability Center
P.O. Box 99
Taylorsville, MS 39168
Phone: (888) 600-5777 or (601) 785-9504
Fax: 601-785-9508
email: warranty@remyinc.com

Send Warranty Parts To:

Remy Reman Reliability Center
214 Fellowship Road
Taylorsville, MS 39168
Phone: (888) 600-5777 or (601) 785-9504
Fax: 601-785-9508

Send one copy to the Remy Reliability Center, one copy must be attached to the Warranty Unit, and retain one for your records.