



LABOR CLAIM FORM

Mfg/Supplier use only: RGA# _____

Jobber use only: RGA# _____ Warehouse Use Only: RGN# _____

All sections must be filled out entirely in order for your claim to be processed.

SERVICE FACILITY

Company Name:	Account Number:		
Contact Name:	Phone:	E-mail:	
Address:	City:	St:	Zip:
Technician Name:			

JOBBER INFORMATION

Company Name:	Account Number:		
Contact Name:	Phone:	E-mail:	
Address:	City:	St:	Zip:

WAREHOUSE INFORMATION

Company Name:	Account Number:		
Contact Name:	Phone:	E-mail:	
Address:	City:	St:	Zip:

VEHICLE INFORMATION

VIN:		
Production Date:	Year:	Make:
Model:	Sub-Model:	
Engine Size:	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual
<input type="checkbox"/> Front Wheel Drive <input type="checkbox"/> Rear Wheel Drive <input type="checkbox"/> Four Wheel Drive		
<input type="checkbox"/> A/C <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Brakes <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Electric		
Accident Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No		

CLAIM INFORMATION

Labor Cost: \$ _____	Total Labor Hrs: _____
Parts Cost: \$ _____	Labor Rate: \$ _____
TOTAL Claim Amount: \$ _____	
Claim results to be sent to:	

PRODUCT INFORMATION

Part Number:
Manufacturer:
Mileage: At Installation: _____ At Failure: _____
Date: At Installation: _____ At Failure: _____
Provide detailed description of product failure and collateral damage:

(If more space is required, use back side of form.)

CLAIMS WILL BE PROCESSED WHEN THE FOLLOWING ITEMS ARE ATTACHED TO THIS DOCUMENT:

- Original receipt with date of purchase (if warehouse requires)
- Copy of warranty (redo) work order
- Copy of original work order with parts and labor bill
- Alleged failed part(s)

I hereby certify that the information on this claim is true and correct and that I have included all required documents as evidence to this claim.

Installer: _____ **Installer Name** (please print): _____
Signature: _____ **Date:** _____

DISCLAIMER: Acceptance or payment of the claim does not indicate product failure was the fault of the manufacturer or distributor.

***Individual instructions are shown on the back of this form, if needed.
Form and best practices available on www.aftermarket.org.

Endorsed By:

