

Basic Product Informational Form



Date: _____

Name of Claimant: _____

Address: _____ City: _____ State or Prov. _____ Postal Code: _____ Country: _____

Telephone Number: _____ Fax: _____ Email: _____ Company (if any) you are representing. _____

Vehicle or Equipment Information

Make: _____ Model: _____ Year: _____

V.I.N. _____ # of Cylinders _____ Cubic Inch Displacement/Liters _____

Engine _____

Make _____

Product Involved

Oil Filter Gas /Fuel Filter Air Filter
PCV Cabin Filter Housing Other

Product Information

Product Model # and Date Code _____ Brand: _____ Date Installed _____ Date Concern Occurred _____

Mileage at Installation _____ Mileage at Time of Failure _____

Supplier or retailer _____

Description of Concern: (Describe / be specific :)

Does vehicle or equipment require repair? Yes No

Amount you are claiming (if any) _____

Rev. 6/15

Please complete and return via email at Claims@ChampLabs.com .