

Fresco 9000 MaXX - Warranty Claim Report

CLAIM NO. OR WORK ORDER NO.: # _____

REQUIRED INFORMATION

Model: ☐ PN 121211447 (Benling Compressor) ☐ PN 121211447.1 (Benling Compressor/ Manuli Lines)
☐ PN 121211447.1 PO (Manuli Lines/ Posung Comp.) Serial #:

Date Purchased: M: _____ D: _____ Y: _____ Date of Service: M: _____ D: _____ Y: _____

Truck Make: _____ Model: _____ Vin. No: _____

DEALER INFORMATION

Dealer Name:

Date Claim Submitted: M: _____ D: _____ Y: _____ Submitted By:

Problem Description: (Please Print Clearly) - Additional information sheets attached - Yes or No

Labour Performed: (Please Print Clearly) - Additional information sheets attached - Yes or No

<u>SRT Code</u>	<u>Description</u>	<u>Minutes</u>
[A] Total Minutes		
[B] Total Labor Claim (Multiply [A] by \$1.60)		\$

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Continued

REPAIR PARTS SUPPLIED - NOTE: Warranted removed parts to be returned to JJK for testing.				
Qty	Part No.	Description	Unit Dealer Cost	Total Dealer Cost
Repair Parts Sub-Total				
[C] Total Repair Parts Claim				\$
[D] Total Warranty Claim ([B] Total Labour Claim + [C] Total Repair Parts Claim)				\$
				(Do not add tax)

REMOVED PARTS - **GTA:** Contact customer@jjkenterprises.com to arrange pickup.
 - **Outside GTA:** Send parts via JJK GLS Account. Email customer@jjkenterprises.com to acquire account number.

For JJK Office use ONLY:

- Date of claim receipt: _____
- Claim complete? : _____
- Claim Approved * : _____
- Claim amount : _____
- Payment Date : _____
- Check No. : _____
- Authorized by : _____

* Note: Reason for claim not being approved:
