



WARRANTY CLAIM FORM

402 Allanburg Road • Thorold, ON • Canada • L2V 1A4
toll free 877-435-4352 • local 905-227-7554

Dealer Name : _____

Claim Number: _____
Issued by Starke MHG

Dealer Contact: _____

Is This a Repeat Repair for This Unit? ☐ Yes ☐ No

Unit Model Number: _____

Customer Name: _____

Serial Number: _____

Contact Name: _____

Hour Meter: _____

Phone Number: _____

Date of Failure: _____

Address: _____

Date of Repair: _____

City

Province/State

Postal/Zip Code

Description of Problem: _____

Description of Repair: _____

Part Used in Repairs	Vendor Name & Part Number	Vendor Invoice Number	Unit Price	Qty Req'd	Total	Warranty Confirmed (Office Use ONLY)
Dealer Labour Rate _____ x 70% = _____ X _____ hours						
One Way Travel is _____ <input type="checkbox"/> kms <input type="checkbox"/> miles from Dealer Location Travel Rate (same rate as above) _____ X _____ hours (see chart in Warranty Manual for allotted travel times)						
Requirements for Warranty Processing: <input type="checkbox"/> Registration Form Completed <input type="checkbox"/> Vendor Invoices Attached <input type="checkbox"/> Pictures of Failure Before Repair <input type="checkbox"/> Completion of Warranty Claim <input type="checkbox"/> Faulty Parts Returned upon request					Total Amount of Claim	

I declare that all warranty repairs were completed and all the above warranty claims are true. False warranty claims shall result in a default of all dealership privileges.

Name: _____ Signature: _____ Date: _____

**OFFICE
USE
ONLY**

Warranty Start Date: _____

Mechanic Approval: _____ Date: _____

Claim Approval: _____ Date: _____