|  |  |  |
| --- | --- | --- |
| **Warranty Claim / Assessment Report** | **Warranty #** |       |
|  | **Submitted By:** |       |
| **Contractor: Name/address/contact**  |       | **SU#/RU#/Job Number** |       |
| **Ship To: Name/Address/Contact** |       | **Customer P.O.** |       |  |
| **When Happened****System** | [ ]  After start-up [ ]  After     months [ ]  During warranty period[ ]  Other ([ ]  Suddenly ▪ [ ]  Second Time ▪ [ ]  Repeatedly)Any particular (     ) |
| **On What** | [ ]  Screw ▪ [ ]  Recip ▪ [ ]  Compo & Unit ▪ [ ]  Piping ▪ [ ]  Motor Starter Control[ ]  Others (     ) |
| **Date Reported** |       | **Model / Type** |       | **Mfg Date** |
|  |  |  |  |       |
|  **Claim & Non-Conformity Report** Attachment: [ ]  Y ▪ [ ]  N \* Describe as it was reported. |
|  |
| Attachment: [ ]  Y ▪ [ ]  N \* Symptom & cause to be in items and at least two layer deep. |
| Symptom      | Cause      |
| Below to be completed by Warranty Administrator  |  |
|  **Material Process**  Attachment: [ ]  Y ▪ [ ]  N \* How claims processed & reported | Date     By:     Confirm with:      |
| Required parts and part number if known: |  |
| Cost | Customer: [ ]  Charge ▪ [ ]  No Charge ▪[ ]  Discuss Inter Mycom: [ ]  charge ▪ [ ]  No Charge |
| **Corrective Instruction** (detail) Attached File: □ Y ▪ □ N |
|  | Date | By |  | Confirmed by |
|  | final |  | Warranty Accepted Warranty Declined Remarks: | MGR | Initiate |
|  |  |  |  | / | / |
|  | Action taken date / |  |  |  |
| All initiated member:  |
| Please email report to :warranty@mayekawausa.com  |  | / |
| Processed By: |
| Note: Labor charges for repairs and freight charges for new part(s) and returned part(s) are not covered under warranty. Customer PO is required for all labor (includes: travel and expense) and freight charges for returned and new parts. |

\* If required more detail, use other page.

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| **REMARKS**: more detail description | Noted by |