



## WARRANTY FILING REQUEST FORM

CIMC-IE RGA #: \_\_\_\_\_

CIMC-IE CONTACT: \_\_\_\_\_

CIMC-IE CONTACT EMAIL: \_\_\_\_\_

CIMC-IE CONTACT PHONE: \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE MANUFACTURER: IN-SERVICE DATE (MM / DD / YYYY): \_\_\_\_\_

VEHICLE MODEL \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER (VIN): \_\_\_\_\_

LOCATION: \_\_\_\_\_

VEHICLE OWNER/FLEET NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

VEHICLE OWNER UNIT NUMBER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

For Warranty Claims, please do the following:

1. Click the "DOWNLOAD" button to save a PDF copy to your computer.
2. Once downloaded, reopen the same PDF and enter warranty filing information in the fillable fields.
3. Click the "SAVE" button to resave the PDF to your computer.
4. Email the PDF to [warranty@CIMC-IE.com](mailto:warranty@CIMC-IE.com).
5. Click "PRINT" to print a copy.

Refer to CIMC-IE Warranty Statements for definition of coverage, exclusions and limitations.

### COMPONENT INFORMATION (EX: LOCATED ON I.D. TAG, Stamped on Frame Etc)

COMPONENT PART NUMBER: \_\_\_\_\_ COMPONENT SERIAL NUMBER: \_\_\_\_\_

### REPAIR INFORMATION

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_ COST OF REPAIR: \_\_\_\_\_

FAILURE DATE: (MM / DD / YYYY): \_\_\_\_\_

### DESCRIPTION OF OCCURRENCE / FAILURE

---

---

---

---

**\*\* PLEASE MAKE EVERY EFFORT TO HOLD THE SUSPECT PARTS UNTIL RECEIVING DIRECTION FROM**

**CIMC-IE/ CIMC, or Manufacture of Component \*\***

**DIGITAL PICTURES AVAILABLE: NO/ YES** (IF YES, PLEASE ATTACH TO EMAIL WITH THIS FORM)

**COPY OF WORK ORDER AVAILABLE: NO/ YES** (IF YES, PLEASE ATTACH TO EMAIL WITH THIS FORM)

CIMC-IE Warranty • 34 Three Creek Drive • Emporia, VA 23847 • USA • Phone: 434 - 634 - 3433 • Fax: 434 - 634 - 3440

Please email completed form to the following email address: [warranty@cimc-ie.com](mailto:warranty@cimc-ie.com)