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 .