



Manufacturing

Dealer Warranty Claim Request

Company Claiming		Date	
Person			
Part number		Quantity required	

Tank serial number (s) _____ (one part per claim form)

Please return failed or faulty componets for inspection, with photgraghs etc . to your AGM manufacturing Rep

Send Claim by Fax to 0066-2-7166647

Attention Mr Prasert / Gerry

Brief description of part failure

Operation Hours of component at Failure

Requested action

Thailand Use only

Approval by Manufacturing

name		Sign		Claim number	
		Date			

Action taken By _____ Date _____