



DRIVEN BY POSSIBILITY™

Customer Claim #: _____

Date Submitted: _____

**Ship to: Claims Department
Gates Corporation
1014 South Broadway
Poplar Bluff, MO 63901**

All sections must be filled out entirely in order for your claim to be processed.

SERVICE FACILITY

Company Name: _____ Account Number: _____
Contact Name: _____ Phone: _____ E-mail: _____
Address: _____ City: _____ St: _____ Zip: _____
Technician Name: _____

JOBBER INFORMATION

Company Name: _____ Account Number: _____
Contact Name: _____ Phone: _____ E-mail: _____
Address: _____ City: _____ St: _____ Zip: _____

WAREHOUSE INFORMATION

Company Name: _____ Account Number: _____
Contact Name: _____ Phone: _____ E-mail: _____
Address: _____ City: _____ St: _____ Zip: _____

VEHICLE INFORMATION

VIN: _____
Production Date: _____ Year: _____ Make: _____
Model: _____ Sub-model: _____
Engine Size: _____ Automatic Manual
 Front Wheel Drive Rear Wheel Drive Four Wheel Drive
 A/C Power Steering Power Brakes Turbo
 Diesel Hybrid Electric Accident Involved: Yes No

PRODUCT INFORMATION

Part Number: _____
Manufacturer: _____
Mileage: At Installation: _____ At Failure: _____
Date: At Installation: _____ At Failure: _____
Description of product failure:

(If more space is required, use back side of form.)

WARRANTY

Part Credit/Reimbursement

CUSTOMER INFORMATION

Name: _____
Address: _____
Email: _____

CLAIMS WILL BE PROCESSED WHEN THE FOLLOWING ITEMS ARE ATTACHED TO THIS DOCUMENT:

- Original receipt with date of purchase
- Copy of original work order with parts
- Copy of warranty repair work order: estimates are not acceptable
- Alleged failed part(s)

I hereby certify that the information on this claim is true and correct and that I have included all required documents as evidence to this claim.

Service Dealer (Print): _____
Signature: _____ **Date:** _____

GATES USE ONLY

Gates RGR # _____

DISCLAIMER: Acceptance or payment of the claim does not indicate product failure was the fault of the manufacturer or distributor. Please allow 8-10 weeks for claim processing and evaluation.