

## SUBMISSION REQUIREMENTS

Standard labor and travel: \$130 CAD/hr unless previously negotiated. Travel maximum: 3 hours. Submit within 30 days of receiving parts.

☐ Hour meter photo
 ☐ Data plate photo
 ☐ Error codes (if present)
 ☐ Failed part photo
 ☐ New part photo

## CUSTOMER / DEALER INFORMATION

|                |                                 |                   |                                    |                 |
|----------------|---------------------------------|-------------------|------------------------------------|-----------------|
| Company Name   |                                 | Contact Name      | Telephone                          |                 |
|                |                                 |                   |                                    |                 |
| Email Address  |                                 | Technician's Name |                                    |                 |
|                |                                 |                   |                                    |                 |
| Street Address |                                 | City              | State/Province                     | ZIP/Postal Code |
|                |                                 |                   |                                    |                 |
| Country        | Customer Invoice / Work Order # |                   | Claim Contact Reference (optional) |                 |
|                |                                 |                   |                                    |                 |

## MACHINE INFORMATION

|                       |                          |               |                               |              |
|-----------------------|--------------------------|---------------|-------------------------------|--------------|
| Model                 | Serial Number            | Machine Hours | In-Service Date               | Failure Date |
|                       |                          |               |                               |              |
| Date Repair Completed | Servicing Dealer Address |               | Job / Repair Location Address |              |
|                       |                          |               |                               |              |

## FAILURE AND REPAIR DETAILS

Complaint - What did the customer report?

Cause - What caused the failure?

Correction - What repair was completed?

Continue to Page 2 for parts, labor, travel, third-party expenses, and automatic claim totals.  
Attach invoices and supporting photos when submitting the completed form to [warranty@lmgna.com](mailto:warranty@lmgna.com).

**PARTS AND MISCELLANEOUS SUPPLIES**

| Description    | Part Number | Invoice Number | Qty | Unit Cost | Line Total |
|----------------|-------------|----------------|-----|-----------|------------|
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
|                |             |                |     |           |            |
| Parts Subtotal |             |                |     |           |            |

**LABOR**

| Work Performed | Labor Rate | Labor Hours | Line Total |
|----------------|------------|-------------|------------|
|                |            |             |            |
|                |            |             |            |
|                |            |             |            |
| Labor Subtotal |            |             |            |

**TRAVEL / MILEAGE**

Travel Hours  Travel Rate (CAD)  Travel Total

**THIRD-PARTY / OUTSIDE REPAIR EXPENSES**

| Vendor / Provider    | Description | Invoice Number | Amount |
|----------------------|-------------|----------------|--------|
|                      |             |                |        |
|                      |             |                |        |
|                      |             |                |        |
| Third-Party Subtotal |             |                |        |

**CLAIM SUMMARY**

| Parts | Labor | Travel/Mileage | Third-Party | CLAIM TOTAL |
|-------|-------|----------------|-------------|-------------|
|       |       |                |             |             |

**LGMG USE ONLY - DO NOT COMPLETE**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LGMG Claim #         | WAR #                | Reviewer             | Review Date          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pending              | Approved             | Denied               | Approved Amount      |
|                      |                      |                      | <input type="text"/> |