

REVIVA CLAIM INITIATION FORM

Complete all information and submit this form PRIOR to doing any repairs.

**ALL FAILED PARTS AND REPAIR ORDERS MUST BE TURNED IN WITHIN 60 DAYS FROM CLAIM DATE
OR CLAIM WILL BECOME VOID AND WILL NOT BE PAID.
FAILURE TO FOLLOW REVIVA CLAIM PROCESS WILL ALSO RENDER A CLAIM VOID.**

Warranty Policy Guidelines:

1. All repairs or sublets must be **PRE-APPROVED** by Reviva warranty department. Any work done without approval **will not** be considered for payment. Labor and repair times will be paid based on industry standards.
2. Reviva **will not** cover **any excluded items** outlined in the Limited Warranty Policies & Procedures. Some of those items include (but are not limited to): Towing, shop supplies, sales tax, consumables (oil, filters, etc.), mileage, downtime, mark-up, or rental. See sections 1.8, 1.9, and 2.1 for more details.
3. **Incomplete forms will not be processed.** Reviva will not start a claim until complete registration information has been received from the original installer or vehicle owner.
4. **Payment will not be issued** until failed product has been returned and analyzed.

SECTION 1 ENGINE & COMPLAINT INFORMATION

Engine Serial Number: _____

Engine Complaint Information: _____

List symptoms and/or any tests or diagnostics already done to determine failure: _____

SECTION 2 ENGINE OWNER INFORMATION

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

SECTION 3 REPAIRING LOCATION CONTACT INFORMATION

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

SECTION 4 VEHICLE INFORMATION

VIN or NDA#: _____ Odometer/Hours @ Failure: _____

Make: _____ Model: _____

Year: _____ Application: _____

Unit/Car Number: _____ SLIC Code (UPS Only): _____