



Claims  
 230 E Walnut St.  
 Albion, IL 62806  
 claims@champlabs.com

**Claim Form**

**All Inquiries Must Reference This File # \_\_\_\_\_**

**PLEASE PRINT CLEARLY**

Claim Date: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Address:		City:	State:	Postal code:
Country:		Name Of Company ( if any) you are representing:		
Telephone Number:	Fax:	Email:		

**Vehicle or Equipment Information**

Make		Model	Year
V.I.N.	# of Cylinders	Cubic Inch Displacement/Liters	
Engine Make:		Internal Number	

**Product Information**

Product Model # and Date Code:		Brand :	Date Installed:	Date Concern Occurred:
Mileage at Installation:		Mileage at Time of Concern:		
Name of Supplier or Retailer:				

**Description of Concern (Describe / be specific)**


Does vehicle require repair ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please attach an itemized copy of the repair bill or estimate.
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Amount you are claiming (if any): \_\_\_\_\_

Our testing and evaluation sometimes requires disassembling or cutting open the product. ***If you do not want the product altered, you may check this box, but be aware that this will limit our ability to fully evaluate your claim:***

**This form must be fully completed, signed, and returned in order to process your claim. You have 30 days to file a claim.**

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_