



GMB North America, Inc.

New Jersey HQ.
100 Herrod Blvd.
Dayton, NJ 08810
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Fax : 609-655-2257

"We Listen To Our Customers"

DATE: _____

Labor Claim Form

GMB RGA No. : _____

PLEASE BE ADVISED AN RGN MUST BE OBTAINED/ASSIGNED OR YOUR CLAIM WILL NOT BE ACCEPTED.

Your Information		GMB Cust. No. (if avail): _____
Company Name: _____		Your RGN No.: _____
Street Address: _____		Contact Person: _____
City, State: _____		Phone Number: _____
Email Address: _____		Fax Number: _____

Installer Information	
Company Name: _____	Contact Person: _____
City, State: _____	Phone Number: () -
	Fax Number: () -

Vehicle Information			
VIN: _____			
Year: _____	Make: _____	Model: _____	
Sub Model : _____	Engine Type: _____	Engine Size: _____	
Power Steering: _____ Yes _____ No	Transmission: _____	Automatic _____	Manual _____

Product Information	
Part Number: _____	
GMB Part Number: _____	
Purchase Date: ____/____/____	Return Date: ____/____/____
Date Installed : ____/____/____	Installed Mileage : _____ Miles
Date Failed : ____/____/____	Failed Mileage : _____ Miles
Type of Failure : _____	
Labor Time _____ hrs	
Claimed Amount 1. Parts cost w/o T/I _____	
2. Labor Cost _____	
3. Others _____	
Total Claimed Amount _____	

Important Notice
Please Include the following:
() Labor claim forms with GMB RGA number
() Copy of original receipt or invoice (proof of purchase)
() Copy of original installation bill / invoice / receipt (if installed commercially)
() Copy of invoices / receipts / bills for all parts & labor for repairs due to failure of the part on your letterhead
() Copy of bills for any additional expenses claimed as attributed to this failure
() Any photos or pictures that might be useful in determining the outcome of the claim
Please ensure all bills submitted are detailed or itemized & can be well understood.
Any claim not containing all requested forms & parts will be rejected.
All sections must be filled out entirely or your claim cannot be processed. If all requested paperwork is not received within 14 calendar days of the request your claim will be rejected. If you have any questions regarding this form, please call Diana at 609.655.2422 x166. Thank you for your cooperation.