



LABOR CLAIM
FIELD REPORT

Return FRT PPD To:
Perfection, 1025 Legrand Blvd, Charleston SC 29492

Returned By _____ Date of Report: _____

Jobber Name: _____ Jobber No. _____

Address: _____ City: _____ Province: _____ PC: _____

Phone: _____ Fax: _____ Contact: _____

DC Name: _____ DC No. _____

DC RGN # _____ Jobber RGN # _____

Dealer Name: _____

Address: _____ City: _____ Province: _____ PC: _____

Phone: _____ Fax: _____ Contact: _____

Items Returned

Part Name: _____ Part Number: _____ Qty: _____

Part Name: _____ Part Number: _____ Qty: _____

Date of Installation: _____ Mileage at Installation: _____

Date of Repair: _____ Mileage at Installation: _____

Application Information

Make: _____ Model: _____ Year: _____

Engine Size (Liters/CID): _____ Vin Number: _____

Qualifiers: Dual Mass Flywheel 4 Spd 5 Spd 6 Spd 4 WD Turbo

Other: _____

Check List (Include all supporting documentation with this completed form)

- Copy of Original Purchase Copy of Replacement Repair Order Receipt
- Copy of Original Installation Receipt Proof of Flywheel Resurface or Replacement
- Jobber/DC RGN's Copy of Purchase/replacement Part Receipt
- Alleged Defective Components Including clutch cover, clutch disc, release bearing and pilot bearing if equipped.
- If denied, customer is requesting returning the parts, freight collect.

Customer States: Please describe drivability information regarding this clutch product installation.

Note: Approved labor claims will be credited at Mitchell Repair Manual flat rate hours.