Please submit to: auswarranty@meritor.com

WARRANTY CLAIM FORM					CLAIM NO.	
For use when part has been fitted to vehicle					*DATE	
*BUYING DEALER MERITOR TOW INVOICE NO.					/ CITY	
VEHICLE MAKE & MODEL *OWNER TOWN / C						
VEHICLE'S TYPE OF SERVICE				CHASS	IS NO.	
*MERITOR PRODUCT/PART No. *SE					L NO.	
AXLE SPEC RATIO AXLE SERIAL NO.						
*DATE INTO SERVICE *FAILURE DATE				*KMs		
Items marked * are mandatory. Claims received without the required information and supporting information will not be processed						
*COMPLAINT:						
CAUSE:						
*CORRECTION: (Please attach evidence, ex: Pictures and sublet repair invoice etc.)						
MERITOR P/N	QTY		DESCRIPTION		TOTAL	MERITOR USE ONLY
Parts Total						
This section to be completed for OEM claim or if agreed with Cummins-Meritor						
LABOUR hours @ \$ per hour						
OTHER						
CLAIM TOTAL						
Y N TOTAL AMOUNT PAID						
Parts returned to Meritor:			Date			
RETURN ADVICE NO.			DATE:	SIGNED:		
MERITOR CLAIM NUMBER:						
Document: FM070 Issue: H Date: 20 Jun 2023						23