DEMERS AMBULANCES	Warranty claim form	F-5.02e
		Rev. : 1

1	Vehicle serial number (V.I.N) (Number on dash, driver's side)	

2	Fleet unit number		3	Demers stock number	
4	Date in service (YY/MM/DD)		5	Milles / Miles	
6	Date of failure (YY/MM/DD)		7	Date of warranty claim	

8	Description of the issue

9	Cause(s) of the issue

10	Corrective(s) action(s)

11	Estimated repair time	

12	Claim requested by		13	Invoice N°	

14	Billing address
Phone:	

15	Shipping address
Phone:	

Part N°	QTY	DESCRIPTION

DEMERS RESERVED SECTION

1. Warranty claim authorization no. :
2. Time allowed for repairs :
3. Warranty claim authorization date :

Clear Form **Submit via Email**

Demers, Ambulances Manufacturer Inc. (Head Office)
28 Richelieu, Beloeil, QC, J3G 4N5 Tel.: 450-467-4683 Fax: 450-467-6526
www.demers-ambulances.com
1-800-363-7591