



Claims
230 E Walnut St.
Albion, IL 62806
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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 # _____ Brand : _____ Date Installed: _____ Date Concern Occurred: _____
and Date Code: _____

Mileage at Installation: _____ Mileage at Time of Concern: _____

Name of Supplier or Retailer: _____

Description of Concern (Describe / be specific)

Does vehicle require repair ? Yes No If yes, please attach an itemized copy of the repair bill or estimate.

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: _____