



# CUSTOMER CLAIM FORM

Please return failed product along with this completed form to:  
Attn: Quality Department | 11920 Price Road, Hebron, IL 60034 | (815) 648-2473

RMA Number: \_\_\_\_\_

Customer Claim Number: \_\_\_\_\_

### ALL CLAIMS

Distributor:	Distributor Contact:
Location:	Phone Number:
Date of Purchase:	Date of Claim:
Customer:	
Customer Address:	
Phone Number:	
Amsted Seals Part Number:	Quantity:
Type of Return: <input type="checkbox"/> Warranty <input type="checkbox"/> Complaint <input type="checkbox"/> Damaged Shipment <input type="checkbox"/> Shipping Error <input type="checkbox"/> Annual Return	

### WARRANTY CLAIMS ONLY

Approximate Installation Date:	Vehicle VIN:
Miles at Installation:	Miles at Replacement:
Application:	Usage Type: <input type="checkbox"/> Highway <input type="checkbox"/> Off-Highway <input type="checkbox"/> Mixed
On what axle was the product installed? Make:	Model and Year:
What is the type of lubrication used? <input type="checkbox"/> Oil <input type="checkbox"/> Grease <input type="checkbox"/> Semifuild	Grade:
What was the appearance of the drained fluid? <input type="checkbox"/> Clean <input type="checkbox"/> Light Brown <input type="checkbox"/> Dark Brown	
What type of braking system used? <input type="checkbox"/> Disc <input type="checkbox"/> Drum	
Did the braking system need service? If yes, please elaborate:	
Additional Information:	
Please identify why the product was serviced: <input type="checkbox"/> Damage: <input type="checkbox"/> Discoloration:	<input type="checkbox"/> Weepage: <input type="checkbox"/> Leakage: <input type="checkbox"/> Other:
Was the seal journal cleaned and free of debris, scratches and burrs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How was the seal installed? <input type="checkbox"/> Hand <input type="checkbox"/> Installation Tool <input type="checkbox"/> Other	
If a tool was used, what brand? <input type="checkbox"/> Amsted Seals <input type="checkbox"/> Stemco <input type="checkbox"/> SKF <input type="checkbox"/> National <input type="checkbox"/> Other:	
What side of the plate was used? <input type="checkbox"/> Piloted <input type="checkbox"/> Flat	
How was the hub positioned? <input type="checkbox"/> Bare hub and vertical <input type="checkbox"/> Horizontal with the wheel set attached	
Where was the pre-lube applied? <input type="checkbox"/> Seal OD <input type="checkbox"/> Seal ID <input type="checkbox"/> Hub Bore <input type="checkbox"/> Spindle Journal	
Was the fastening torque measured using a torque wrench? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a dial indicator used to measure endplay? <input type="checkbox"/> Yes <input type="checkbox"/> No	What was the reading?
Does the hub have a bearing spacer or crush sleeve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the technician complete the required training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the previous seal make and type?	

### ALL CLAIMS

Additional information...