

# POWEREDGE®

## Diesel Aftertreatment

# Warranty Claim Form

Please complete and return this form with digital photos (on a CD or USB flash drive) to:  
DENSO Products and Services Americas, Inc.; ATTN: Warranty Dept.; 3900 Via Oro Avenue; Long Beach, CA 90810.

**NOTE: Fill out a separate form for each system replacement**

Date Claim Submitted: (MM/DD/YY)      /      /			Claim Number: (assigned by DENSO)	
Warranty Claim Detail			Distributor Information	
Claim Type ( <i>check one</i> ):  <input type="checkbox"/> Failed DPF <b>only</b>  <input type="checkbox"/> Failed DOC <b>only</b>			Distributor:	
			Distributor Location:	
THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ALL CLAIMS				
<input type="checkbox"/> Original WARRANTY REGISTRATION FORM			<input type="checkbox"/> Vehicle Repair Order (diagnosing the failed filter)	
<input type="checkbox"/> Copy of PURCHASE INVOICE: Invoice must reflect <i>Serial Number, Part Number and Date of Purchase</i>			<input type="checkbox"/> CLEAR, IN FOCUS, HIGH RESOLUTION pictures of LABEL, ENTIRE INLET FACE, ENTIRE OUTLET FACE, and failed/damaged DPF/DOC	
Defect Codes and Information				
Please specify the nature of the defect below:				
End User Information				
End User Name:			Customer Contact Person:	
End User Address:			Phone Number + Ext:	Fax Number:
City:	State/Province:	Country:	Zip/Postal Code:	Email:
Product Information				
POWEREDGE DPF Serial Number (such as AM-XXXXX):			POWEREDGE DPF Part Number (such as DC1-XXXX):	
POWEREDGE DOC Serial Number (such as AM-XXXXX):			POWEREDGE DOC Part Number (such as DC2-XXXX):	
Date of Purchase: (MM/DD/YY)      /      /			Date Installed: (MM/DD/YY)      /      /	
Vehicle Odometer at Installation: (miles)			Current Vehicle Odometer: (miles)	

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Consult with Regional Sales Managers for any questions regarding the installation, operation, maintenance or warranty.

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**1-800-366-1123**