

**Field Service Department**  
support@torindriveintl.com

<b>Claim No.</b>	
<b>Date of File:</b>	

Warranty Claim Form			
<p>To file a warranty claim the <i>Warranty Claim Form</i> shall be filled out and returned to the Field Service Manager via email. This form will be returned to the customer with a claim number in the top right-hand corner.</p> <p>Regardless the nature of the claim the corresponding elevator traction <i>machine type</i> and <i>serial number</i> <u>must</u> be provided for tracking purposes.</p>			
Job Information			
<b>a. Company Name</b>		<b>a. Location</b>	
<b>b. Jobsite Name</b>		<b>b. Location</b>	
Machine Nameplate*			
<b>a. Machine Type</b>		<b>a. Serial No.</b>	<b>a. Car #</b>
<b>b. Machine Type</b>		<b>b. Serial No.</b>	<b>b. Car #</b>
<b>c. Machine Type</b>		<b>c. Serial No.</b>	<b>c. Car #</b>
<b>d. Machine Type</b>		<b>d. Serial No.</b>	<b>d. Car #</b>
*For GEARED machines please retrieve data from GEARBOX TOP NAMEPLATE			
Encoder Data (if applicable)			
<b>Encoder I.D. Number</b>		<b>Serial No.</b>	
Detailed Reason For Warranty Claim			
Contact Information			
<b>a. Submitter Name</b>		<b>a. Job Title</b>	
<b>a. Email</b>		<b>a. Phone #</b>	
Shipping Address			
Please provide shipping address in the case that a replacment item will need to be sent			
<b>Company Name</b>		<b>Street Address</b>	
<b>City/Province</b>	<b>State</b>	<b>Zipcode</b>	<b>Country</b>