

Hello:

Thank you for sharing your recent experience regarding one of our First Brands Group products. Please follow the instructions below to ensure that your claim is processed in a timely manner. Should you need any additional help or have any questions, please contact us using either our email address filtrationproducteval@firstbrandsgroup.com or calling 1-618-445-5459.

Regards,

First Brands Group Product Evaluation Team

Instructions For Submitting A Claim

- Print and fill out the **Product Evaluation Form**.
- **Your Vehicle Identification Number (VIN) must be included.**
- Product samples containing fluid must be drained and placed in a leak proof container.
- Package the product and documentation together and send using the prepaid shipping label provided.
- Prepaid shipping label is included/emailed.
- Make sure the package is labeled with your claim number (**«Claim_Number_Formatt»**).
- *Your claim form must be complete, signed, and returned before your claim can be taken into consideration.*

Additional Information

- 1. To conduct a proper assessment, any product submitted must not be altered. If the evidence has been changed in any way that interferes with a full evaluation, the claim will be denied.**
2. Processing will begin once the product and all required documentation have been received.
3. Failure to complete the evaluation form, including a signature, may result in a delay of claim processing.
4. It is recommended that copies of supporting receipts/estimates are included.
5. Once an evaluation is complete, First Brands Group will notify the claimant in writing, of the findings.
6. If the claim is denied, First Brands Group will return all components provided and close the claim.
7. Evaluation times may vary, dependent on required testing, please be patient.

Product Warranty Form

PLEASE PRINT CLEARLY

Claim #:

Claimant Information

Claim Date: _____

Name: _____ Company: _____
Address: _____ Apt / Suite: _____
City: _____ State: _____ Postal Code: _____
E-Mail: _____ Phone #: _____ Fax #: _____

Application Information

Year / Make / Model: _____
V.I.N. #: _____ # of Cylinders: _____ Cubic Inch Displacement/Liters: _____

Product Information

Brand: _____ Part / Model #: _____ Date Code: _____
Place Purchased: _____

Installation Information

Date Installed: _____ Date Failure Occurred: _____
Mileage at _____ Mileage at Time of Failure: _____
Installed By: _____

Description of Failure

Does vehicle require repair? Yes No

Amount you are claiming: _____ Include itemized costs and receipts/estimate. (Parts / Labor)

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.

Claimant Signature: _____ Date: _____