

CLAIMS PROCEDURES

Prior to filing a claim, you should read the Limited Warranty Policy to identify if your product is covered under this warranty.

Before Any Work Is Started:

Notify HNL Design and Manufacturing, Ltd. of the defect by calling 604-598-8185. Be prepared to provide the part and serial numbers, a description of the defect and an idea of the cause. Your HNL Design and Manufacturing, Ltd. Representative will evaluate the situation and either offer their expertise, or assign a claim number to authorize repair.

About the Claim Number:

Your HNL Design and Manufacturing, Ltd. Representative will assign a claim number if a repair is authorized. We are not responsible for any repair work that does not have a claim number.

Repair of the Defective Product:

We know your time is valuable and loss of use affects your business. With this in mind, we will make every attempt to resolve repairs quickly. Repairs handled at our facility are cost-effective to us, but may not make the most sense for you. As an alternative, we may authorize a repair be completed by a third-party and will pay charges up to fifty dollars (\$50.00) per hour.

We do not cover travel time, mileage, transportation or other charges, installation charges, any direct, indirect or consequential damages or delays resulting from the defect.

After Repairs Are Completed:

If we authorized a third-party to complete your repairs, you will need to complete the Warranty Claim Form (attached) and return to HNL Design and Manufacturing, Ltd.. Your claim form must include documentation (i.e., photographs, receipts, and/or reports from an independent cognizant authority).

***** IMPORTANT *****

Failure to observe any of the above procedures could result in a delay of your claim.



Warranty Claim Form

Customer _____ Address _____ City, State _____ Phone _____ Repair Date _____	HNL Claim No. _____ Today's Date _____ Model No. _____ Serial No. _____ First Delivery Date _____ Date of Failure _____ Hours Used _____
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Description of Failure and Repairs Made:

Parts Replaced:

Qty	Part No.	Description	Invoice No.	Cost	WAA Use
Total Parts				\$	

Have Parts Been Returned To Factory? Yes / No Date returned _____

Warranty Labor:

Total Labor Hours	Approved Labor Rate	Cost	WAA Use
	@ 50.00 per hour		
Total Labor		\$	

Total Claim Amount \$ _____

HNL USE ONLY:

Documentation attached? Yes / No <input type="checkbox"/> Claim Approved <input type="checkbox"/> Claim Pending Return and/or Inspection <input type="checkbox"/> Claim Denied	Claim Received on _____ Claim Reviewed by _____ Amount Approved: \$ _____
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