

Consequential Damage Claim Form

Part Number: _____ Date _____

End customer's original date of purchase: _____

Account Name: _____

Account Number: _____

RGA number: _____

Vehicle Owner: _____ Telephone No.: _____

Street Address: _____

City: _____

State: _____

Please include copy of end customer's original purchase receipt

Vehicle Year: _____ Make: _____

Model: _____ V.I.N No _____

FWD/RWD/4WD: _____ Engine Size: _____

Mileage: _____ A/T or A/C: _____

Date of failure: _____

Total Amount of Claim: \$ _____

Type of Failure:

Additional comments:

Please return unit and all Paid Repair Receipts to:

Reach International Inc

Attn: Claims

7979 NW 84th Street

Miami, FL 33166