NEW COACH WARRANTY CLAIM FORM

Please email this completed form your warranty contact directly

U.S.A.	CANADA
Where MCI requires defective parts returned, ship to: **Warranty Returns Dock #14** **New Flyer Industries/MCI** **7001 Universal Coach Drive** **Louisville KY 40258** **Attention: Warranty Department**	*Where MCI requires defective parts returned, ship to:* **NFI Parts/MCI** **630 Kernaghan Ave** **Winnipeg, Manitoba** **Canada, R2C 5G1** **Attention: Warranty Department**

Customer Ref #: _____ **Last 5 digits of VIN:** _____

Company Name: _____ **Mileage:** _____

Ship to Address: _____ **Claim # (Labor only):** _____

City, State, Zip Code: _____ **PM Completed (Y/N):** _____

Contact Name: _____ **Date Failed:** _____

Phone Number: _____ **Date Repaired:** _____

Parts Required (Y/N): _____ **E-Mail Address:** _____

MCI Causal Part Number: _____

FAILURE: _____

CAUSE: _____

CORRECTIVE ACTION: _____

Check to Ship	QTY	MCI PART #	PART DESCRIPTION	PART COST Blank if Warranty Supplied	LABOR HOURS
❑					
❑					
❑					
❑					
❑					
Please provide total of other charges: **Proof of other charges are required for reimbursement, such as invoices for sublet repairs*			**Other Charges Total**	**Parts Total**	**Labor Hours Total**
			Claim Total		

Signature: _____ **Date Submitted:** _____

NOTE: All requested information above is required for claim submission