

Warranty Appeal Form

Dealer making request

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____ Fax: _____
Contact: _____
E-mail: _____

Customer Information

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____

Date: _____

Vehicle Information

VIN #: _____
Mileage: _____ Year: _____
Make: _____

Product Group (BOC, Frame, Hydrogen, LPG, Tank, other)

Product Group: _____
Product Serial #: _____
Date of Purchase: _____
Part #: _____

Request for ReviewCurrent Warranty Policy : _____

_____Describe Reason for Appeal and repair description: _____

_____**Estimated Cost for repair:**

Labor _____
Parts _____
*Other _____
Total \$0.00

Quantum Decision Approved Denied Approved with ModificationsQuantum Response and Approved Repair : _____

_____**Approved Cost for repair:**

Labor _____
Parts _____
*Other _____
Total _____

WAN# _____

Print and mail form or scan and email to QTWarranty@qtww.com

All policy adjustments from a Warranty Appeal will need a Quantum Warranty Authorization Number (WAN) to process a warranty claim. All Warranty Appeals are reviewed on a case by case basis.

25242 Arctic Ocean Drive, Lake Forest, CA 92630 P. 800-816-8691 F. 949.930.3401 E. QTWarranty@qtww.com

Form 419.11 B