



INTERIOR WARRANTY CLAIM FORM

NAME:		DATE:	
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME PHONE:		WORK PHONE:	
EMAIL ADDRESS:			

PLEASE COMPLETE THE FOLLOWING

YEAR:	MAKE:	MODEL:	VIN NUMBER:	CURRENT MILEAGE:	COLOR:

Please provide a detailed description of the problem and/or damage to your vehicle's interior:

Please provide the location of damage to your vehicle's interior:

Please provide the date of when the current damage was first observed:

PLEASE RETURN THIS FORM COMPLETE WITH ITEMS REQUESTED BELOW.  
ALLOW (30) BUSINESS DAYS FOR YOUR CLAIM TO BE PROCESSED. PLEASE BE ADVISED THAT WE  
RESERVE THE RIGHT TO HAVE YOUR VEHICLE INSPECTED.  
IN AN EFFORT TO EXPEDITE THE PROCESSING OF YOUR CLAIM, PLEASE BE SURE TO RETURN ALL  
CORRESPONDENCE LISTED BELOW.

COPY OF CURRENT VEHICLE REGISTRATION

COPY OF YOUR WARRANTY

WARRANTY NUMBER:

I **Certify** that the above information is correct and accurate to the best of my knowledge.

Signature

Date

**IMPORTANT INFORMATION:**

Repairs should not be performed until liability for damage has been determined by GREAT LAKES. **Any unauthorized repairs will not be reimbursed.** Thank You!

**Your Claim has been assigned to:**

Diane Smith, Senior Claims Representative  
Contact Info: 800-323-3521 X 4248  
email: [dsmith@daubert.com](mailto:dsmith@daubert.com)

# Interior Explanation Form

DATE:

WARRANTY NUMBER:

CUSTOMER NAME:

We have received your claim requesting your interior to be cleaned. In order to proceed with the processing of your claim, please check the appropriate box(es) and return to our office within thirty (30) days from the date referenced above. If this is **NOT** returned within thirty (30) days, this file will be considered closed for no response.

## FABRIC SEATS

Please mark with an "X" all that apply:

<input type="checkbox"/>	Milk	<input type="checkbox"/>	Gum	<input type="checkbox"/>	Ink
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Water	<input type="checkbox"/>	Crayon
<input type="checkbox"/>	Tea	<input type="checkbox"/>	General Dirt & Dust		
<input type="checkbox"/>	Soda	Type: _____	<input type="checkbox"/>	Sports Drink	Type: _____
<input type="checkbox"/>	Juice	Type: _____	<input type="checkbox"/>	Grease	Type: _____

## VINYL/LEATHER SEATS

Please mark with an "X" all that apply:

<input type="checkbox"/>	Milk	<input type="checkbox"/>	Gum	<input type="checkbox"/>	Ink
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Water	<input type="checkbox"/>	Crayon
<input type="checkbox"/>	Tea	<input type="checkbox"/>	General Dirt & Dust		
<input type="checkbox"/>	Soda	Type: _____	<input type="checkbox"/>	Sports Drink	Type: _____
<input type="checkbox"/>	Juice	Type: _____	<input type="checkbox"/>	Grease	Type: _____
<input type="checkbox"/>	Fading/Discoloration				

Please submit color photos of damage with fading/discoloration

## CARPET

Please mark with an "X" all that apply:

<input type="checkbox"/>	Milk	<input type="checkbox"/>	Gum	<input type="checkbox"/>	Ink
<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Water	<input type="checkbox"/>	Crayon
<input type="checkbox"/>	Tea	<input type="checkbox"/>	General Dirt & Dust		
<input type="checkbox"/>	Soda	Type: _____	<input type="checkbox"/>	Sports Drink	Type: _____
<input type="checkbox"/>	Juice	Type: _____	<input type="checkbox"/>	Grease	Type: _____