

Claim Report

Date:

Claim #:

DEALER INFORMATION

Company's Name:

Phone #:

Fax #:

Primary Contact:

Title:

Secondary Contact:

Title:

Email Address:

MAILING ADDRESS

Street:

City:

State:

Zip:

HEATER INFORMATION

Val-6 Model:

☐ EPX

☐ KBE5L

☐ KBE5S

☐ DAYSTAR

☐ 125NA HOTGUN

Serial Number#:

Date Purchased:

Where was heater purchased from:

INCIDENT INFORMATION

Date of Incident:

Approximate time of Incident:

AM/PM

Type of Fuel Used:

Where was heater used:

CONDITION/SITUATION OF ENVIRONMENT WHERE HEATER WAS USED AND ELEVATION:

Altitude where heater was operated:

Did a power outage occur during the use of the heater when problem occurred?

☐ YES

☐ NO

AC POWER APPLIED AND VOLTAGE:

Voltage:

What kind of power source was used:

DETAILED DESCRIPTION OF PROBLEM: