



**WESTERN BUS SALES, INC.**

30355 SE HWY 212  
Boring, OR 97009  
(503) 905-0002  
(800) 258-2473  
Fax: (503) 905-0060

FROM: Jim Pederson  
DATE: 6/19/06  
SUBJECT: Western Bus Sales Warranty Claim Form  
  
ATTN: Transportation Manager

Attached are the 3 pages that relate to submitting a claim to WBS for reimbursement of warranty repair expenses. The claim form is a modification of the Blue Bird form that we use for all of the different products that we support.

Page #1: Instruction page to assist with filling out a claim.

Page #2: This is the primary claim form. Please make a few copies for future use.

Page #3: Only used when there are a lot of parts to claim or a detailed repair explanation is needed.

Fax or mail your claim as soon as possible after the form is completed. Please remember that all claims need to be submitted within 14 days of repair. Blue Bird required that we submit your claim no later than 30 days after a repair.

Keep a copy of the claim for your records.  
Please "Tag" all Warranty Parts for possible return.  
Attaching a copy of the claim to the failed parts can be very helpful.  
Save all parts that are not returned until your claim is processed and paid.

NOTE: Western Bus Sales can only process claims for Warranty repair parts that are purchased through Western Bus Sales. For all repair parts purchased through Bryant Motors, please submit your claim to them for processing.

Jim Pederson, Warranty Manager  
Western Bus Sales, Inc.  
e-mail: [jpederson@westernbus.com](mailto:jpederson@westernbus.com)



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## WBS Warranty Claim Adjustment Application Form Instructions

Providing all required information will reduce the need to return a claim for additional information and will allow prompt processing of credit to your account. The claim form should be typed or written clearly with a pen. Save a copy for your records.

**The claim form should be submitted within 14 days of repair completion.**

1	School District, business or organization full name and applicant's ID # for bus
2	Mailing address: street number street, or PO Box
3	City, state and zip code
4	Contact name
5	Contact phone number including area code
6	Body number of bus being repaired
7	Prior repair approval# issued by MFG. or Western Bus Sales, Inc.
8	Date complaint was first noticed and documented. This is VERY IMPORTANT as all warranties have a defined start and stop date.
9	Actual documented repair completion date
10	Recall or bulletin number if repair was required due to MFG. recall or service bulletin
11	Check the appropriate box to indicate who actually performed the warranty repair. If you had assistance with this repair, please check all boxes that apply. Explain in detail what this repair assistance was and who assisted.
12	Fax number including area code
13	E-mail Address
14	Complete MFG. VIN (Vehicle Identification Number)
15	Applicant's work order #, repair order #, or internal tracking #
16	Odometer reading when complaint was first noticed and documented. This is VERY IMPORTANT as all warranties have a defined ending mileage limitation.
17	Actual documented odometer reading when repair was completed
18	Western Bus Sales, Inc. RMA# (Return Material Authorization)
19	Complete this area with correct MFG. part numbers, invoice numbers, parts descriptions, unit pricing, quantity, and totals as indicated. Remember that GENUINE PARTS are required to be used in warranty repairs. If for some reason you are unable to conform to this requirement refer to #21 of these instructions.
20	Complete page 2 of form if more than 3 MFG. Genuine P/N's are needed for repair. Enter the parts total from page 2 and include it with the parts from page 1 for a total parts amount.
21	If any "non-genuine" parts are needed for warranty repair, itemize them on page 2 and enter the total on page 1.
22	If any outside services are required (e.g. a/c repair, towing, etc.), provide legible invoice copies and enter the total.
23	WBS approved labor rate, labor hours in hours and tenths and calculate labor total
24	Total of all expense for this repair (add parts total, other parts total, sublet labor total, and labor total to arrive at this amount)
25	Complaint: information required to describe the initial complaint (e.g. 8-light system quit working) Cause: sufficient detail to describe reason for failure (e.g. internal failure of switch) Correction: describe what you did to locate and repair the problem (e.g. Check and verify failure. Check fuses-OK. Check switch and found power in but no power out. Replace switch - operation normal now.)
26	Check box if additional space is required to complete "Complaint-Cause-Correction" text on page 2. Check box if more than 3 MFG. Genuine P/N's are needed to complete repair and enter details on page 2.
27	Date that the warranty parts were returned to WBS
28	Sign, title and date
29	Check the box that identifies which bus manufacturer's product we are repairing.
30	Check appropriate boxes that relate to this repair.



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## WBS Warranty Claim Adjustment Application

1	Applicant Name				Bus #
2	Mailing Address				
3	City, State, Zip				
4	Contact Name	12	Fax Number		
5	Phone Number	13	E-mail		
6	MFG. Body Number	14	MFG. VIN		
7	MFG. Prior Approval #	15	Work Order #		
8	Complaint Date	16	Odometer Reading		
9	Repair Date	17	Odometer Reading		
10	Recall/Service Bulletin #	18	RMA #		
11	Repaired by (check one)	<input type="checkbox"/> Western Bus <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other <input type="checkbox"/> Factory			

Attach copies of all purchase invoices for all parts claimed

19	MFG. Genuine P/N	Invoice #	Description	Unit Price	Qty.	Total	
				\$ .		\$ .	
				\$ .		\$ .	
				\$ .		\$ .	
<b>Please submit claim within 14 days of a repair. Late claims can be denied.</b>					<b>Tax</b>	\$ .	
					<b>Freight</b>	\$ .	
20	Add Parts Total From Page 2			\$ .	<b>Total Parts</b>	\$ .	
21	Attach Copies of all non-Genuine Parts Invoices (see page 2)				<b>Other Parts</b>	\$ .	
22	Attach Copies of all Sublet Labor Invoices				<b>Sublet Labor</b>	\$ .	
23	Approved Labor Rate	\$ .	Labor Hours	\$ .	<b>Labor Total</b>	\$ .	
24						<b>Claim Total</b>	\$ .

25	Complaint:					
	Cause:					
	Correction:					

26	<input type="checkbox"/> Check if text continues on 2nd page <span style="float: right;"><input type="checkbox"/> Check if parts list continued on 2nd page</span>	
27	Date warranty parts returned to WBS:	
28	Signature: _____	Title: _____ Date: _____
29	Use this form for claims for all products sold by Western Bus Sales, Inc. Please check box below to identify MFG.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Blue Bird</b>	<b>Champion</b>	<b>Collins</b>	<b>Comm-Trans</b>	<b>Girardin</b>	<b>Ricon</b>	<b>Liberty Motors</b>	<b>Elkhart</b>



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**Parts List Continued (include legible invoice copies)**

20	MFG. Genuine P/N	Invoice #	Description	Unit Price	Qty.	Total
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
	<b>Parts Total</b>					

21	MFG. Genuine P/N	Invoice #	Description	Unit Price	Qty.	Total
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
				\$ .		\$ .
	<b>Total Other</b>					

**Correction Continued**

25	

**Check All Boxes that Apply:**

30	<input type="checkbox"/> Photos Taken	<input type="checkbox"/> Failed parts saved
	<input type="checkbox"/> Sent by e-mail	<input type="checkbox"/> Failed parts tagged
	<input type="checkbox"/> RMA # received	