



# SUBMIT EVIDENCE

## Shipping Information:

Date Shipped to Trident: \_\_\_\_\_ Shipped via: \_\_\_\_\_

## Billing Information

(Primary Contact) Name: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## Claim Information:

Claim Number: \_\_\_\_\_ D.O.L. \_\_\_\_\_

\_\_\_\_\_

Insured's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

## Product Information:

Item Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of separate parts sent: \_\_\_\_\_

Brand or Manufacturer\* \_\_\_\_\_ Model\* \_\_\_\_\_

Serial Number: \_\_\_\_\_

From what location was part collected: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

Place of Purchase: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

**Failure and Testing Information:**

Describe the failure and its consequences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you wish to determine: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can Trident perform destructive testing?:

Yes       No

Has the manufacturer been put "on notice":

Yes       No

Store or Return Part at Test's Completion:

Store       Return