



Lifetime Battery Claim Questionnaire

1. Full Name of the registered vehicle's owner

2. Address _____ Phone Number _____
3. Year, Make & Model of Vehicle

4. Contract #

5. Last Six of VIN#

6. Manufacturer & Model of Battery

7. What day did the battery fail?

8. How many batteries are currently on vehicle?

9. Is this the vehicle's original battery?

10. What was the voltage when charged?

11. What was the voltage after load test?

12. Please provide name and phone number of service manager of whom to contact

13. Please provide name and address of whom to make check out to and where to send it.

Please email the following documents to casclaims@classictrak.com or Fax 813.582.4008

- Please provide completed battery questionnaire
- Please provide copy of load test results whether by picture or print out
- Please provide suggested retail price and warranty of replacement battery

The claims department is open Monday through Friday from 9:00am to 5:00pm EST and can be reached at 877-222.4162.

*****Please note all claims must be pre-approved by administrator prior to replacement*****