

CLAIM QUESTIONNAIRE | DATE _____ Dear customer, in order to allow us a quick and comprehensive investigation of your complaint, please fill out this form and send it back to e-mail: We appreciate your assistance and thank you in advance. **CUSTOMER CLAIM #** WOODWARD L'ORANGE PRODUCT WLO part no. Customer part no. Quantity of claimed parts Serial no. Start-up date Date of failure Running time of failed part Claimed part in original state? ○ yes ○ no If part is ${\color{red} {\bf NOT}}$ in original state , what was exchanged/disassembled?



	APPLICATION					
	○ Ship / Name	\bigcirc	Main En Fixed pit Auxillary	tch propeller	Controllable pitch propellerDiesel Electric	
	O Power plant / Nam	e				
	○ Train or truck / Na	me				
	Engine test bench		○ Injection test bench			
	Others					
	ENGINE					
	Engine type No. of cylinder			Engine number		
				Normal power (KW/cyl)		
	Nominal speed (rpm)			Running time engine (rhrs)		
	OPERATING FLUID					
	○ Gas oil	○ Diesel		○ Water	○ MDO	
	○ HFO	○ Gas		Others		

DETAILED FAILURE DESCRIPTION