

Record of Parts or Supplier Issues

Please provide as much detail as possible and complete all mandatory fields.

Contact Information

Registered Account Number:	Shop Name:	Claim Number:
Contact Name:	Phone Number:	Email:

Vehicle Information

Plate:	Year:	Make:	Model:	Mileage:
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Issue Details

Details:	Issue Date:
Supplier Name:	Supplier Contact:

Estimate Line Number	Part Description	Part Type	Part Number

Explain the Issue

Was the issue resolved? Yes No Explain below.

By submission of this form the issuer consents to the collection and dissemination of the information for the purpose of identifying, tracking and working towards resolving repetitive parts issues. This Consent is deemed sufficient for the purposes of the Personal Information Protection and Electronic Documents Act (PIPEDA).

Date

Save and submit this form to:
Estimatics-Standards@mpi.mb.ca