



WELCOME TO CARRIER ENTERPRISE CANADA LT

Service Bench Warranty Types and Claims - Presentation



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Warranty Types:

- ▶ Standard Warranty - Manufacturers warranty (1st year & extended) as defined by the warranty card.
- ▶ Preauthorization - When standard warranty does not apply & Tech Support has given special warranty allowance.
- ▶ Service Part - The failed part was a replacement part purchased for a unit that is OUT of warranty & the part fails within 1 year of the purchase date.
- ▶ Optional Contract - Extended warranty coverage was purchased on a unit.
- ▶ Bulletin - Service Manager Bulletin issued by the factory for a specific program. If there is an optional contract, the bulletin overrides the optional coverage purchased.
- ▶ Unit Exchange - Authorized unit replacement or change out per policy, program or preauthorization.

Entitlement Search

Always start from ENTITLEMENT for Carrier, Bryant or Payne units.

The screenshot shows the ENTITLEMENT SEARCH interface with the following components and annotations:

- Navigation Menu:** Includes HOME, CLAIMS, CONTRACTS, REGISTRATIONS, REPORTS, ADMIN, and ENTITLEMENT. The ENTITLEMENT menu is expanded to show sub-options like CLAIMS MAIN, INPUT, RETURNS, etc.
- Step 1:** A green arrow points to the 'Entitlement' option in the 'INPUT' section of the navigation menu. Text: "Select Entitlement".
- Step 2:** A green arrow points to the 'Model Number' field in the search form. Text: "Enter the serial# of the main unit and click search. Then the model# is going to auto populate".
- Step 3:** A green arrow points to the 'SEARCH ENTITLEMENT' button at the bottom of the search form. Text: "Select Search Entitlement".
- Step 4:** A green arrow points to the 'START NEW CLAIM' button. Text: "Select Start New Claim".
- Step 5:** A green arrow points to the 'WARRANTY CLAIM' section of the form. Text: "Enter Serial # Only".

ENTITLEMENT SEARCH Form Fields:

- Service Administrator: United Technologies Corporation
- Model Number: 38APD02514-18120
- Serial Number*: 3210Q40212
- First Name: []
- Last Name: []
- Phone: []
- Service Contract Number: []
- CHECK ENTITLEMENT: Install Date [], Application Type [Select Application Type]
- Buttons: SEARCH ENTITLEMENT, START NEW CLAIM, CHANGE SERVICE ADMINISTRATOR

Registration Details:

- Registration Id: R187509521
- Product Name: Commercial Splits
- Model Number: 38APD02514-18120
- Discrete Model Number: []
- Serial Number: 3210Q40212
- Owner: STE-FOY, APPLE
- Address: 2450Boulevard Laurier, Quebec, QC G1V2L1
- Phone: []
- Manufactured Date: 05/29/2010
- Shipped Date: 08/27/2010
- Date Installed: 10/12/2011
- Date Transferred: []

WARRANTY CLAIM Form Fields:

- Approval Code * [] Approval Text []
- Manufacturer: UTC - United Technologies Corporation
- Dealer: 493936912 - Excel Climatation Inc.
- Distributor Location: []
- Distributor: []
- Reference Number: []
- Model Number*: []
- Serial Number: []
- Warranty Type*: []
- Competitive Equipment: []
- Stock Unit: []
- Unit Installed/Startup Date: []
- Equipment Installation Information: Equipment Owner Company Name, Installation Owner First Name, Installation Address*, City, State/Province, Postal Code*, County* (CANADA), Email, Phone 1, Installation Owner Last Name, Address Line 2, Phone 2.

Standard Claim

- ▶ Manufacturer's warranty - Factory (1st year and extended) warranty coverage as defined by the warranty certificate.

60380 - Canada Distribution, Mississauga, LE
1515 Drew Road

Mississauga, ON L5S1Y8 CANADA
905-672-0606

Claim Number
Account Number
Claim Status
Claim Date 12/1
Claim Submitted Date
Amount Approved

Approval Code * Approval Text

The reference number field can be a PO# or a job name that is unique and will not be used twice. If no reference number is entered, this will default to the claim # once the claim is saved.

Manufacturer UTC - United Technologies Corporation

Dealer 493879088 - Canada Distribution,
Mississauga, LE

Dealer Location Select Servicer Location

Distributor

Distributor Location

Reference Number

Model Number* 345MAV036080

Competitive Equipment

Serial Number 1905A00230

Select "Standard" Warranty Type.

Unit Installed/Startup Date MM/DD/YYYY

Warranty Type *

Unit Installed/Startup Date

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CUSTOMER INFORMATION

Company Name

 First Name

 Last Name

 Address Line 1*

Address Line 2

 City, State/Province, Postal Code*

 

 Country * 

IMPORTANT: Only enter the 2 letter province code. NEVER 3 letters or full province

Email

Phone 1

Phone 2

 Application Type 

Original Equipment Owner  

SERVICE DETAIL INFORMATION

Fail date and repair date are essential on ALL Service Bench claims. Claim MUST be submitted within 90 days of the Repair Date.

Fail Date*

 

Repair Date *

Optional Contract Number

IMPORTANT: For CASH SALE accounts that require the claim to be credited to their CREDIT CARD, the Credit Card Payment MUST be selected. Otherwise, the credit will appear on their account.

Bulletin/Authorization Number

 Credit Card Payment

***** If the unit has been replaced fill in the New Model and Serial fields

Replacement Model Number

Replacement Serial Number

Number of Part Lines

Causal Part	Failed Part Quantity	Failed Part Number	Failed Part Serial Number	Failed Part Install Date	Competitor Part	Replaced Part Quantity	Replaced Part Number	Replaced Part Description	Replaced Part Serial Number	Replaced Part Invoice Number
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select main component that was replaced as the casual part. (1) line only can be checked for casual part.
Complete only fields indicated above: Failed Qty/Failed Part #, Replaced Qty/Replaced Part #/Replacement Invoice #.

QUALITY INFORMATION

Model Location

Furnace Orientation

Gas Furnace Fuel

Labor Repair Type *

Component Code

Diagnosis

Why was the service call made?

What was found to be wrong?

What was done to repair unit or correct problem?

Standard claims default to the correct Labour Repair Type which is NO DOA LABOUR

Defect Code

Answer all (3) diagnosis questions in the field provided. Once this has been completed, select SAVE (before you select DEFECT CODE).
Once the claim is saved, select the down box on the defect code field and select the correct failure code.
Once complete, SAVE & then SUBMIT to get your claim approved.

Unit Exchange Claim

- Accessory exchange can be approved by your Distributor- You should contact your local distributor for pre-authorization or advice if the unit can be replaced or changed.
- Accessory exchange like coils, thermostats can be done by the dealer.

Reference Number CRJAGK9WW

Model Number* CNPVU3617ACA

Serial Number 1110X36931

Competitive Equipment

Stock Unit

Warranty Type * Unit Exchange

Unit Installed/Startup Date 06/24/2010

MM/DD/YYYY

**** Hit the SAVE key to auto populate the unit registration information

CUSTOMER INFORMATION

Company Name

First Name

Address Line 1*

City, State/Province, Postal Code*

Country *

Email

Phone 1

Complete the customer information section (commercial Jobs only use the Company Name Field), application type and original equipment owner drop down boxes.

IMPORTANT: Only enter the 2 letter province code. NEVER 3 letters or full province. Example for Ontario: ON

Application Type Owner Occupied Residential

Original Equipment Owner Yes

SERVICE DETAIL INFORMATION

Fail Date* 09/29/2016

Repair Date * 10/01/2016

Optional Contract Number

Bulletin/Authorization Number

Credit Card Payment

**** If the unit has been replaced fill in the New Model and Serial fields

Replacement Model Number CNPVU3617ALA

Replacement Serial Number 2416X06872

Replacement Invoice Number 9180416

Replacement Unit Price

Replacement Disposition Hold for 30 days

Replacement Mark Up

Replacement Approved Amount

Requested Replacement Amount 10

QUALITY INFORMATION

Model Location

Furnace Orientation

Gas Furnace Fuel

Labor Repair Type *

Component Code U100

Diagnosis

Why was the service call made?

What was found to be wrong?

What was done to repair unit or correct problem?

Unit was icing
Coil is bad
Replaced Coil



Defect Code



Item	Requested	Approved
? Total Parts	\$0.00	\$0.00
Labor Hours	<input type="text"/>	0.0
Labor Rate		
Labor Amount		<input type="text"/>
<i>Out of Warranty - Labor</i>		
Replacement Unit Price		189.95
Freight Amount	<input type="text"/>	<input type="text"/>
Lbs. Refrigerant	<input type="text"/>	
Refrigerant Price per lb.		
Refrigerant Amount		<input type="text"/>
Service Materials Amount	<input type="text"/>	<input type="text"/>
Drive-Up Time	<input type="text"/>	
Drive-Up Amount		<input type="text"/>
Diagnostic Hours	11 <input type="text"/>	

Heat Exchanger Bulletin Claim

- ▶ Service Manager's Bulletin (SMB) is a factory program. Please see your distributor for details.

SECONDARY HEAT EXCHANGER CHEAT SHEET
(20 years from installation – original owner)

SMB090024 A=PARTS ONLY B=FURNACE REPLACEMENT
4 HRS LABOR ON ALL CLAIMS (\$325 Flat Rate) \$200.00 TOWARDS
NEW FURNACE
SERIAL NUMBER RANGE: **2993A00001 - 1808A99999**

340A	58MCA	490A	PG9M
340M	58MCB		
345M	58MXA		
350A	58MXB		
350M	58MSA		
351D	58UVB		
352A	58MVP		
352M	58MVB		
355A	58MVC		
355B	58MTA		
355C	58MTB		
355M			

**Condensing HEX, Coupling Box Kit,
Cold Spot Baffle, Cell Inlet Panel and
Cell Outlet Panel**

SERIAL NUMBER: **FROM 1908A000001** (NOT UNDER THE BULLETIN)

PRIMARY AND SECONDARY (AND ITS PARTS) WILL BE DONE UNDER
'STANDARD WARRANTY'
LABOUR REPAIR TYPE SHOULD BE 'SECONDARY HEAT EXCHANGER'
(\$325 Flat Rate)

Reference Number CRJCHP74V

Model Number* 355AAVD42080

Serial Number 5005A01050

Competitive Equipment

Stock Unit

★ Warranty Type * Bulletin ←

★ Unit Installed/Startup Date 04/22/2006 ←

***** Hit the SAVE key to auto populate the unit registration information

CUSTOMER INFORMATION

Company Name

★ First Name

Address Line 1*

City, State/Province, Postal Code*

Country *

Email

Phone 1

Last Name Coon

Address Line 2

Phone 2

Complete the customer information section (commercial Jobs only use the Company Name Field), application type and original equipment owner drop down boxes.

IMPORTANT: For the province, enter only the 2 letter abbreviation. Example for Ontario: ON

★ Application Type Owner Occupied Residential ↔ Original Equipment Owner Yes ★

SERVICE DETAIL INFORMATION

★ Fail Date* 11/29/2016

★ Repair Date * 12/05/2016

Optional Contract Number

Bulletin/Authorization Number SMB090024A ★

Credit Card Payment ←

***** If the unit has been replaced fill in the New Model and Serial fields

Replacement Model Number

Enter Bulletin #
SMB090024A - Parts Only
SMB090024B - Unit Replacement

Replacement Serial Number

Replacement Invoice Number

Replacement Unit Price

Replacement Disposition

Replacement Mark Up

Replacement Approved Amount

Requested Replacement Amount

IMPORTANT: For CASH SALE accounts that require the claim to be credited to their CREDIT CARD, the Credit Card Payment MUST be selected. Otherwise, the credit will appear on their account.

Number of Part Lines

 Causal Part	Failed Part Quantity	Failed Part Number	Failed Part Serial Number	Failed Part Install Date	 Competitor Part	Replaced Part Quantity	Replaced Part Number	Replaced Part Description	Replaced Part Serial Number	Replaced Part Invoice Number	Part Disposition	Unit Price	Part Mark Up	Part Price Exten
<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="334357-755"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="334357-755"/>	COND HEAT EXCH	<input type="text"/>	<input type="text" value="9294930-00"/>	HOLD FOR 30 DAYS AFTER APPROVAL	<input type="text" value="383.25"/>	<input type="text" value="\$0.00"/>	

Secondary Heat Exchangers should always be selected as the causal part.

Claim Error: NONE

<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="330539-753"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="330539-753"/>	COUPLING BOX	<input type="text"/>	<input type="text" value="9294930-00"/>	HOLD FOR 30 DAYS AFTER APPROVAL	<input type="text" value="25.71"/>	<input type="text" value="\$0.00"/>	
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If any of the listed items below were replaced, these should be submitted with this secondary heat exchanger claim:

- coupling box kit
- cold spot baffle
- cell inlet/outlet panel kits

Claim Error: NONE

<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="330541-753"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text"/>		<input type="text"/>	<input type="text" value="9294930-00"/>	HOLD FOR 30 DAYS AFTER APPROVAL	<input type="text" value="28.11"/>	<input type="text" value="\$0.00"/>	
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Claim Error: NONE

<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="320720-760"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="1"/>	<input type="text" value="320720-760"/>	PANEL KIT	<input type="text"/>	<input type="text" value="9294930-01"/>	HOLD FOR 30 DAYS AFTER APPROVAL	<input type="text" value="48.23"/>	<input type="text" value="\$0.00"/>	
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Claim Error: NONE

QUALITY INFORMATION

Model Location Basement

Furnace Orientation Horizontal

Gas Furnace Fuel Propane (LP)

Must be NO DOA LABOUR

Labor Repair Type * NO DOA LABOR

Component Code H310

Diagnosis

Why was the service call made?
 What was found to be wrong?
 What was done to repair unit or correct problem?

No Heat.
 Heat Exchanger plugged.
 Replaced heat exchanger.

Defect Code H301 - Corrosion

Answer all (3) diagnosis questions in the field provided. Once this has been completed, select SAVE (before you select DEFECT CODE). Once the claim is saved, select the down box on the defect code field and select the correct failure code. Once complete, SAVE & then SUBMIT to get your claim approved.

How to Attach Document to claim

- Click on **Manage Attachments** (On the top of claim page)
- Click on **Create New** (At the bottom of your claim page)
- Click **Browse** (Select the file from your computer)
- Click **Save** (At the bottom of your claim page)
- Click **Edit Claim** (On the top of claim page)
- Click **Submit** (At the bottom of your claim page)

SAVE & THEN ATTACH
 FURNACE INSPECTION
 REPORT.

SAVE

SUBMIT

Item	Requested	Approved
Total Parts	\$485.30	\$485.30
Labor Hours	Enter 4.0 HRS Labour	0.0
Labor Rate		
Labor Amount		325.00
Freight Amount		0.00
Lbs. Refrigerant		0
Refrigerant Price per lb.	0	
Refrigerant Amount		0.00
Service Materials Amount		0.00
Drive-Up Time		
Drive-Up Amount		0.00
Diagnostic Hours		
Diagnostic Amount	16	

Service Parts Claim

- ▶ A failed part is a specified replacement part purchased from the factory for a repair of an out of warranty unit, if date of installation of failed part is less than one year from the date of purchase of that part.

1. Start claim from entitlement screen (see page 4)
2. Select warranty type = Service Part
3. Enter install date
4. Complete customer information section (including phone number)
5. Select application type (always Other Application for Commercial)
6. Select installing homeowner Y/N (always NO for Commercial)
7. Enter failed date and repair date
8. Enter failed part and replacement part information. Magnifying glass look-up tool available. Serial numbers required for compressors
9. A failed part install date is required for a service part claim
10. Indicate the causal part
11. Leave Labor Repair Type set to No DOA Labor
12. Provide a complete description of service performed. This is critical information necessary to process the claim.
13. Hit SAVE - to enable system to auto-populate the appropriate Component Code
14. Select the appropriate defect code
15. Do not enter any miscellaneous amounts in this section of the claim for service part claims.
16. Submit

Warranty Claim

21195-20080 - Conley Sheet Metal 2925 HARRIS RD WAYCROSS, GA 31503-8740 UNITED STATES 912-283-2100	Claim Number Account Number Claim Status Claim Date Claim Submitted Date Amount Approved	CRD9WVSQN 21195-20080 Saved 09/28/2012
---	---	---

Manufacturer	UTC - United Technologies Corporation		
Dealer	494531296 - Conley Sheet Metal	Dealer Location	21195-20080 - Conley Sheet Metal
Distributor	493878319 - Mingledorffs Inc., Norcross, LE	Distributor Location	20080 - Mingledorffs Inc., Norcross, LE
Reference Number	TRAININGS		
Model Number*	38ARZ008---5	<input type="checkbox"/> Competitive Equipment	
Serial Number	0706G40136	<input type="checkbox"/> Stock Unit	
Warranty Type *	Service Parts	Unit Installed/Startup Date	03/24/2006

***** Hit the SAVE key to auto populate the unit registration information

Customer Information

Company Name	GA WAR VETERANS HOME		
First Name	2249 VINSON HWY	Last Name	
Address Line 1*	2249 VINSON HWY SE	Address Line 2	
City, State/Province, Postal Code	MILLEDGEVILLE GA		31061
Country *	UNITED STATES		
Email			
Phone 1*	4784574149	Phone 2	
Application Type	Other Application (Commercial)	Installing Homeowner	NO

Service Detail Information

Fail Date*	09/03/2012	Repair Date *	09/05/2012
Optional Contract Number			
Bulletin/Authorization Number		<input type="checkbox"/> Credit Card Payment	
***** If the unit has been replaced fill in the New Model and Serial fields			
Replacement Model Number		Replacement Serial Number	
Replacement Invoice Number		Replacement Unit Price	
Replacement Disposition		Replacement Mark Up	
Replacement Approved Amount		Requested Replacement Amount	

Number of Part Lines

?	Causal Part	Failed Part Quantity	Failed Part Number	Failed Part Serial Number	Failed Part Install Date	?	Competitor Part	Replaced Part Quantity	Replaced Part Number	Replaced Part Description	Replaced Part Serial Number	Replaced Part Invoice Number	Part Disposition	Unit Price
<input checked="" type="checkbox"/>		1	HCM094T2LC6	2011K02703	11/30/2011	<input type="checkbox"/>		1	HCM094T2LC6	SCROLL COMPRESSOR	0912K03411	224455	Hold Part For 30 Days	994.00
<input type="checkbox"/>						<input type="checkbox"/>								
<input type="checkbox"/>						<input type="checkbox"/>								
<input type="checkbox"/>						<input type="checkbox"/>								

Quality Information

Model Location Furnace Orientation

Gas Furnace Fuel

Labor Repair Type * Component Code

Service Performed

Defect Code

Item	Requested
Total Parts	\$0.00
Labor Hours	<input type="text"/>
Labor Rate	<input type="text"/>
Labor Amount	<input type="text"/>
Tax Amount(For U.S Claims Only)	<input type="text"/>
Freight Amount	<input type="text"/>
Lbs. Refrigerant	<input type="text"/>
Refrigerant Price per lb.	<input type="text"/>
Refrigerant Amount	<input type="text"/>
Service Materials Amount	<input type="text"/>
Drive-Up Time	<input type="text"/>
Drive-Up Amount	<input type="text"/>
Diagnostic Hours	<input type="text"/>
Diagnostic Amount	<input type="text"/>
Admin Allowance Amount	<input type="text"/>
Handling Fee	<input type="text"/>

Click SAVE to save a draft of the claim. Click Submit to process the claim.

HoldB

New Comment

Optional Contract Claim

- ▶ Optional coverage was purchased on a unit and the unit is registered with warranty Administration. A defective part and/or parts and labor are covered as defined by optional warranty certificate. A contract has been purchased for this equipment.

ENTITLEMENT SEARCH

Service Administrator United Technologies Corporation

CHECK ENTITLEMENT

Enter the serial# of the main unit and click search. Then the model# is going to auto populate

Browser: https://www.servicebench.com/servlet/WebSideServlet

ServiceBench | Entitlement ... | ServiceBench | ServiceBench M... | ServiceBench | United Technol...

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SERVICEBENCH 1 Alerts CEL0661 Help

HOME CLAIMS CONTRACTS REGISTRATIONS REPORTS ADMIN

Serial Number:	3206A03673
Owner:	FAIRCHILD, JOHN
Address:	6 ROSE BOUGH AVE. QUEENSVILLE, ON L9H5C3
Phone:	905-627-7756
Date Installed:	06/10/2008
Date Transferred:	
Warranty Policy Code:	CP20
Warranty Policy Description:	FOR SPECIFIC COVERAGE ON NON-REGISTERED UNITS INSTALLED IN OWNER OCCUPIED, NON-OWNER OCCUPIED AND COMMERCIAL APPLICATIONS, REFER TO WARRANTY CERTIFICATE
Standard Labor Warranty Expiration Date:	
Standard Part Warranty Expiration Date:	
Mark As:	
Shipped Date:	08/12/2006
Replacement Of Model(s):	
Replacement Of Serial Number(s):	
Contract Number:	ONH232363411
Contract Owner Name:	FAIRCHILD, JOHN
Contract Address:	6 ROSE BOUGH AVE. QUEENSVILLE, ON L9H5C3
Contract Phone:	905-627-7756
Contract Service Provider ID:	494055802
Contract Service Provider Name:	The Source

← Contract#

Browser: https://www.servicebench.com/servlet/WebSideServlet

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HOME CLAIMS CONTRACTS REGISTRATIONS REPORTS ADMIN

Brand	Application Type	Original Equipment Owner	Component Code	Warranty Length	Installed After	Warranty Start	Warranty Stop
ALL	Owner Occupied Residential	ALL	Standard Parts Warranty	5 years	01/01/2002	06/10/2008	06/10/2013
ALL	Owner Occupied Residential	Subsequent	Secondary Heat Exch-Furnace	20 years	04/23/2008	06/10/2008	06/10/2028
			Secondary Heat Exch-Furnace-Labor	20 years			06/10/2028
ALL	Owner Occupied Residential	Original	Secondary Heat Exch-Furnace-Labor	20 years	04/23/2008	06/10/2008	06/10/2028
			Secondary Heat Exch-Furnace	40 years			06/10/2048

Service Contracts

Plan Number	Plan Type	Plan Name	Contract Start Date	Contract End Date
B10A2AHF	Parts & Labor	10 LBR-6-10 PT AC-FRNCL-FRN PLN A 366	06/11/2009	06/11/2018

←

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SEARCH NEW CLAIM CHANGE SERVICE ADMINISTRATOR

Dealer's Information is here

Claim Status	Paid
Claim Date	11/30/2016
Claim Submitted Date	11/30/2016
Date Paid	12/02/2016
Payment Type	CREDIT MEMO #058258
Amount Approved	\$1,345.51
Date Approved	11/30/2016

Approval Code * Approval Text

!! View Comments !!

Service Administrator Information section

Warranty Policy Code: CP20 Part Multiplier: SAP Credit Memo Number: 0500051319

Plan ID: B10A2AHF Plan Type: Parts & Labor

Manufacturer UTC - United Technologies Corporation

Dealer 494055802 - The Source Dealer Location 106670-60380 - The Source

Distributor 493879088 - Canada Distribution, Mississauga, LE Distributor Location 60380 - Canada Distribution, Mississauga, LE

Reference Number CRJBHN3HZ

Model Number* 58MVB080-F-1--14 Competitive Equipment

Serial Number 3206A03673 Stock Unit

Warranty Type* Optional Contract Unit Installed/Startup Date 06/10/2008

NEW NEW - SAME CUSTOMER NEW - SAME REPAIR PRINT



- HOME
- CLAIMS
- CONTRACTS
- REGISTRATIONS
- REPORTS
- ADMIN

CUSTOMER INFORMATION

Company Name

First Name

Last Name

Address Line 1*

Address Line 2

City, State/Province, Postal Code*

Complete the customer information section (commercial Jobs only use the Company Name Field), application type and original equipment owner drop down boxes.

IMPORTANT: Only enter the 2 letter province code. NEVER 3 letters or full province

Country *

Email

Phone 1

Phone 2

Application Type

Original Equipment Owner

- NEW
- NEW - SAME CUSTOMER
- NEW - SAME REPAIR
- PRINT



1 Alerts

CEL0661

Help

HOME CLAIMS CONTRACTS REGISTRATIONS REPORTS ADMIN

SERVICE DETAIL INFORMATION

Fail Date* 11/07/2016

Repair Date * 11/07/2016

Optional Contract Number ONH232363411

Contract # must be entered here

Bulletin/Authorization Number

Credit Card Payment

***** If the unit has been replaced fill in the New Model and Serial fields

Replacement Model Number

Replacement Serial Number

Replacement Invoice Number

Replacement Unit Price

Replacement Disposition

Replacement Mark Up

Replacement Approved Amount

Requested Replacement Amount

Number of Part Lines 2

Causal Part	Failed Part Quantity	Failed Part Number	Failed Part Serial Number	Failed Part Install Date	Competitor Part	Replaced Part Quantity	Replaced Part Number	Replaced Part Description	Replaced Part Serial Number	Replaced Part Invoice Number	Part Disposition	Unit Price	Part Mark Up	Part Price Extended	Approv Amount
<input checked="" type="checkbox"/>	1	340793-762			<input type="checkbox"/>	1	340793762	INDUCER ASSY, VS		9250296-00	HOLD FOR 30 DAYS AFTER APPROVAL	600.00	\$100.00		700.00

NEW NEW - SAME CUSTOMER NEW - SAME REPAIR PRINT

QUALITY INFORMATION

Model Location Furnace Orientation

Gas Furnace Fuel Natural gas

Labor Repair Type * Component Code J200

Diagnosis

Why was the service call made?
What was found to be wrong?
What was done to repair unit or correct problem?

No heat --- inducer motor seized and circuit board not communicating. Both parts replaced.

Defect Code

Item	Requested	Approved
Total Parts	\$1,188.00	\$1,188.00
Labor Hours	<input type="text"/>	1.0
Labor Rate		\$78.75
Labor Amount		<input type="text"/>
Freight Amount	<input type="text"/>	<input type="text"/>

Preauthorization Claim

- ▶ **Preauthorization:** Check with your local distributor. Call Technical support for preauthorization claims.
- ▶ **1-800-237-3005**

CLAIM STATUS TYPES	WHAT DOES THIS MEAN?
Saved Claim	A saved claim is a claim which has not been submitted yet. Either this claim has an error or the dealer has entered the information and requires some assistances with the claim.
Submitted Claim	After entering all of the information, the dealer submits the claim. Any submitted claim can be approved or rejected.
Approved Claim	A claim has been approved if all details provided are correct.
Review Claim 1 - Distributor Review 2 - Factory Review	A reviewed claim will be reviewed by the distributor and then sent to factory for review. After reviewing the claim, It may be approved or rejected. If everything is correct, the claim may be approved. If something is incorrect in the claim may be rejected.
Paid Claim	When a claim has been approved, the dealers account may be credited within 2 business days.
Rejected/Reversed Claim	A claim can be rejected or reversed if wrong or incorrect details have been provided.



Questions?



Please call the Warranty Hotline
1-855-304-1895