

# TMC Recommended Practice

RP 807B

VMRS Various

## UNIVERSAL EQUIPMENT CLAIM PROCESS

### PREFACE

The following Recommended Practice is subject to the Disclaimer at the front of TMC's *Recommended Engineering Practices Manual*. Users are urged to read the Disclaimer before considering adoption of any portion of this Recommended Practice.

### PURPOSE AND SCOPE

The purpose of this Recommended Practice (RP) is to standardize the process by which equipment users file warranty and other types of claims with equipment and component manufacturers. This RP establishes standard fields for inclusion on claim process forms. This RP applies to all types of commercial vehicle equipment.

### INTRODUCTION

The commercial vehicle industry currently does not have standardized processes for processing equipment claims, such as warranty or pre-delivery acceptance claims. TMC anticipates that manufacturers will soon begin electronic claim processing. To help the commercial vehicle industry standardize electronic claims processing, TMC proposes universal claim data fields for use by equipment users and manufacturers.

This Recommended Practice leverages the power of TMC's Vehicle Maintenance Reporting Standard (VMRS). VMRS—the newest version of which is VMRS 2000™—is the industry standard building block for equipment and maintenance reporting. See TMC RP 802C, *Vehicle Maintenance Reporting Standards (VMRS 2000)*.

### UNIVERSAL CLAIM FORM FIELD DESCRIPTIONS

The following glossary describes each of the fields proposed for TMC's Universal Claim Process.

#### Claims/Owner Information

1. Claim Date—Date Of Claim Submission.
2. Customer Name—Name Of Customer.
3. Claim #—Tracking Number.
4. Customer Address—Address Of Customer.
5. Claimant Acct. #—Account Number Assigned By Supplier.

6. City, State, Zip —City, State And Zip Code Of Customer.
7. Type Of Claim – Refer To VMRS 2000, Code Key 81 (Pending), Insert Applicable Code.
8. Phone No. – Phone Number Of Customer.
9. Reason For Repair – Refer To VMRS 2000, Code Key 14, Insert Applicable Code.
10. Fax # — Fax Number Of Customer.
11. Repair Order # — Repair Or Work Order Number Assigned By Repair Facility.
12. Contact Name – Name Of Vehicle Owner Or Contact Name Of Customer.
13. Technician ID Code – Technician Identification Code.
14. Email – Email Address Of Vehicle Owner Or Customer.
15. Country Code.

#### Unit/Equipment Information

16. Unit # — Owners Unit #.
17. Veh. Mfr. Code — Refer To VMRS 2000, Code Key 34, Insert Applicable Code.
18. VIN # — 17-Digit Vehicle Identification Number.
19. Vehicle Model – Vehicle Manufacturers Model Name Or Number.
20. Service Part? – Is This A Service Part; Circle Yes Or No. (Failed part is service replacement, not the original part.)
21. Equipment Activity Code — Refer To VMRS 2000, Code Key 1, Insert Applicable Code
22. Date In Service – Date In Service For Affected Vehicle Or Component.
23. Equipment Category Code — Refer To VMRS 2000, Code Key 2, Insert Applicable Code.
24. Odometer (Vehicle)—Amount Of Miles Or Kilometers On Affected Vehicle.
25. Hours – Number Of Hours On Affected Vehicle, If Applicable.
26. Odometer (component)— Amount of miles or kilometers on affected component.
27. Hours — Number of hours on affected component, if applicable.

#### Failure Information

28. Failure Date – Date Of Component Failure.
29. Claim Section Or Line Item # — Use To Identify

- Multiple Claims On Single Repair Order.
30. Operator Condition Report — Refer To VMRS 2000, Code Key 81, Insert Applicable Code.
  31. Causal Part # — Manufacturer's Part # Of Part Causing Failure (If Known).
  32. (1) Failed Assy. Model # — Primary Manufacturer's Assembly Model Number Name.
  33. (2) Failed Assy Model # — Secondary Manufacturer's Assembly Model Number/Name.
  34. (1) Failed Assy Serial # — Primary Manufacturer's Serial Number (Serialized Assembly Only).
  35. (2) Failed Assy Serial # — Secondary Manufacturer's Serial Number (Serialized Assembly Only).
  36. (1) Failed Assy Part # — Primary Manufacturer Part Number Of Failed Assembly.
  37. (2) Failed Assy Part # — Secondary Manufacturer Part Number Of Failed Assembly.
  38. (1) Replacement Assy. Model #.
  39. (2) Replacement Assy. Model #.
  40. (1) Replacement Assy. Serial #.
  41. (2) Replacement Assy. Serial #.
  42. (1) Replacement Assy. Part #.
  43. (2) Replacement Assy. Part #.
  44. (1) Component Code and Description — Refer To VMRS 2000, Code Key 33, Insert Applicable Code.
  45. (2) Component Code and Description — Refer To VMRS 2000, Code Key 33, Insert Applicable Code.
  46. Component Supplier — Name Of Vehicle Or Component Supplier.
  47. Component Supplier Code — Refer to VMRS 2000, Code Key 34, Insert Applicable Code.
  48. Technician Part Condition Code — Refer To VMRS 2000, Code Key 18, Insert Applicable Code.
  49. Position Code — Refer To VMRS 2000, Code Key 79, Insert Applicable Code.
  50. Warranty Agreement # — Any Applicable Special Warranty Agreement Identifiers.
  51. Repair Date — Date Affected Vehicle / Component Was Repaired.
  52. Work Authorization Code — Work Authorization Code Issued By Supplier, If Applicable.
  53. Repair Site — Refer To VMRS 2000, Code Key 17, Insert Applicable Code.
  54. Repair Site Name — Name Of Where Vehicle / Component Was Repaired.
  55. Repair Site Address — Address Of Where Vehicle / Component Was Repaired.
  56. Work Accomplished — Refer To VMRS 2000, Code Key 15, Insert Applicable Code.
  57. Description Of Claim — Free Form Text De-

scribing Nature Of Failure And Repair.

58. Parts Return Carrier Name — Name Of Carrier Used To Ship Returned Parts, If Applicable.
59. Parts Return Carrier Tracking # — Tracking Number Assigned By Carrier Above.

## **Financial Information**

### **Parts Claimed**

1. Quantity — Itemized Quantity List Of Parts Claimed.
2. Part Number — Itemized Part Number Of Parts Claimed.
3. Part Description — Description Of Parts Claimed.
4. Unit of Measure (ea., set, etc.)
5. Unit Price — Itemized Price List Of Parts Claimed.
6. Total Price — Quantity Of Parts Multiplied By Unit Price Of Parts.
7. Deductible — Amount Of Deductible.
8. Total Parts — Amount Of Parts Claimed.
9. Parts Reimbursed — Amount Received By Claimant Towards Parts Claimed.

### **Labor**

10. Labor Operation # (Mfr. SRT) — Labor Time Defined By Manufacturers' Published Standard Repair Times.
11. Labor Operation # (Mfr. SRT) — Labor Time Defined By Manufacturers' Published Standard Repair Times.
12. Labor Time Hours/Tenths — Itemized List Of Labor Hours Claimed.
13. Labor Rate — Repair Facility Hourly Labor Rate.
14. Total Labor — Labor Time Multiplied By Labor Rate.
15. Deductible — Amount Of Deductible.
16. Total Labor — Amount Of Labor Claimed.
17. Labor Reimbursed — Amount Received By Claimant Towards Labor.

### **Other Charges**

18. Description — List Other Applicable Charges (i.e., Standard Freight, Core Charges, Markup, Outside Charge, etc.).
19. Charge — Amount Of Other Charge.
20. Total Other Charges — Amount Of Other Charges Claimed.
21. Sublet Invoice # — Number of Invoice for Sublet Work.
22. Sublet Description — Description or Charges for Sublet.
23. Amount Claimed — Amount of Sublet Item.

- 24. Total Sublet Amount — Amount of Sublet Work.
- 25. Sublet Amount Reimbursed — Amount Received by Claimant Towards Sublet Charges.

**Progressive Damage Charges**

- 26. Description — List Progressive Damage Charges (Collateral Damage, If Applicable).
- 27. Charge — Amount Of Progressive Damage Charge.
- 28. Total Progressive Damage Charges — Amount Of Progressive Damage Claimed.
- 29. Progressive Damage Charges Reimbursed — Amount Received By Claimant For Progressive Damages.

- 30. Currency Code — Currency Used In Claim Calculation (U.S. Dollars, Canadian Dollar, Peso, Franc, etc.)
- 31. Total Amount Of Claim — Total Of Parts, Labor, Other, And Progressive Damage Charges.
- 32. Disallowed Parts Return Indicator — Indicate If Disallowed Parts Are To Be Returned To Claimant (Yes or No).
- 33. Return Material Authorization # — Supplier Issued # Authorizing Component Return, If Applicable.

**SAMPLE UNIVERSAL CLAIM FORM FOLLOWS ON PAGES RP 807B- 4 and 5.**

<b>UNIVERSAL EQUIPMENT CLAIM FORM</b>	
<b>CLAIM//OWNER INFORMATION</b>	
Claim Date:	Customer Name:
Claim #:	Customer Address:
Claimant Acct. #	City/State/Zip:
Type of Claim (Code Key 81):	Phone #:
Reason for Repair (Code Key 14)	FAX #:
Repair Order #:	Contact Name:
Technician ID Code:	Email:
Country Code:	
<b>UNIT/EQUIPMENT INFORMATION</b>	
Unit #:	Veh. Mfr. Code: (Code Key 34):
VIN:	Veh. Model:
Service Part? <input type="checkbox"/> YES <input type="checkbox"/> NO	Equip. Activity Code (Code Key 1):
Date in Service:	Equip. Category Code (Code Key 2):
Odometer(Veh.): <input type="checkbox"/> Miles <input type="checkbox"/> KM	Hours:
Odometer(Part.): <input type="checkbox"/> Miles <input type="checkbox"/> KM	Hours:
<b>FAILURE INFORMATION</b>	
Failure Date:	Claim Section or Line Item #:
Operator Condition Report (Code Key 82)	Causal Part #
(1) Failed Assy. Model #:	(2) Failed Assy. Model #:
(1) Failed Assy. Serial #:	(2) Failed Assy. Serial #:
(1) Failed Assy. Part #:	(2) Failed Assy. Part #:
Replacement Assy. Model #	Replacement Assy. Model #
Replacement Assy. Serial #	Replacement Assy. Serial #
Replacement Assy. Part #	Replacement Assy. Part #
(1) Component Code and Description (Code Key 33):	
(2) Component Code and Description (Code Key 33):	
Component Supplier Name:	
Component Supplier Code (Code Key 34):	
Technician Part Condition Code (Code Key 18):	Postition Code (Code Key 79)
Warranty Agreement #:	Repair Date:
Work Authorization Code:	Repair Site (Code Key 17):
Repair Site Name:	
Repair Site Address:	
Work Accomplished (Code Key 15):	
Description of Claim:	
Parts Return Carrier Name:	
Parts Return Carrier Tracking #:	

**FINANCIAL INFORMATION**

**PARTS CLAIMED**

QUANTITY	PART NUMBER	PART DESCRIPTION	U/M	UNIT PRICE	TOTAL PRICE
<b>DEDUCTIBLE</b>					)
<b>TOTAL PARTS AMOUNT</b>					
<b>PARTS AMOUNT REIMBURSED</b>					
<b>HANDLING PERCENTAGE ALLOWANCE:</b>					

**LABOR**

PART ITEM #	LABOR OPERATION # (MFR SRT)	LABOR TIME HOURS/TENTH		LABOR RATE	TOTAL LABOR
<b>DEDUCTIBLE</b>					(      )
<b>TOTAL LABOR AMOUNT</b>					
<b>LABOR AMOUNT REIMBURSED</b>					

**OTHER CHARGES**

DESCRIPTION	CHARGE
<b>TOTAL OTHER CHARGES</b>	
<b>SUBLET WORK</b>	
<b>SUBLET INVOICE #:</b>	<b>SUBLET INVOICE DESCRIPTION</b>
<b>TOTAL SUBLET AMOUNT</b>	
<b>SUBLET AMOUNT REIMBURSED</b>	

**PROGRESSIVE DAMAGE CHARGES**

DESCRIPTION	CHARGE
<b>TOTAL PROGRESSIVE DAMAGE CHARGES</b>	
<b>PROGRESSIVE DAMAGE CHARGES REIMBURSED</b>	

CURRENCY CODE		<b>TOTAL AMOUNT OF CLAIM</b>	
DISALLOWED PARTS RETURN INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO		
RETURN MATERIAL AUTH. #:			