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Claims Supplemental Form for Component Parts Manufacturers

1. Name of Applicant: _____

2. Product(s) involved: _____

3. Location where incident took place: _____

4. Please provide details of the incident (attach separate sheet if necessary):

5. Did the incident result in a recall / withdrawal / stock recovery? Yes No

6. Did the incident result in your customer(s) recalling their product? Yes No

7. How many production lines were affected? _____

8. How many batches were affected? _____

9. How many production units were affected? _____

10. Please split out % of affected products:

Post-shipment = _____ In storage / distribution = _____ In production = _____

11. Please split out overall costs between: Recall Costs = _____

Replacement Costs = _____

Loss of Profit = _____

Extra Expense = _____

Other = _____

Total Costs = _____

12. What corrective actions have been taken to prevent a similar incident?

Signature: _____

Date: _____

Position: _____

Name of Agent: _____