

**Claims Supplemental Form for  
Supplier & Component Parts**

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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?  
\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_