

**REQUEST FOR REVIEW OF DENIED  
ETM WARRANTY CLAIM**

To request that Volvo review a denied ETM Extended Warranty claim, please fill out this form and send to Volvo:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Volvo model/year: \_\_\_\_\_

Vehicle Identification Number (if known): \_\_\_\_\_

Date of Repair: \_\_\_\_\_

Name of Dealer that denied your claim: \_\_\_\_\_

Address of Dealer (if known): \_\_\_\_\_  
\_\_\_\_\_

Please explain why you believe your ETM Extended Warranty claim was wrongfully denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this form and any supporting documentation to the following address:

VOLVO CUSTOMER CARE DEPARTMENT  
attn: ETM Reimbursement Program  
1 Volvo Drive  
Rockleigh, New Jersey 07647-0913