

CLAIM FORM

CONTACT DETAILS		
CONTACT PERSON		
EMAIL, PHONE		
COMPANY NAME		
SHIPPING ADDRESS		
STREET		
ZIP CODE, CITY		
COUNTRY		
ORDER DETAILS		
ORDER NO. / SERIAL NO.		
DELIVERY DATE		
COMPLAINT DETAILS		
PRODUCT INDEX		
NUMBER OF DEFECTIVE ELEMENTS		
COMPLAINT DESCRIPTION WITH PHOTOS		
DAMAGED PACKAGING DURING TRANSPORT?	YES	NO
DAMAGE DURING ASSEMBLY?	YES	NO
WHEN THE DEFECT HAS BEEN DETECED?	During unloading YES / NO	During assembling YES / NO
	During using YES / NO	During acceptance by customer YES / NO

DATE

SIGN