



Company Quality System

Doc No War 001
 Date 22 10 2022
 File
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Title **Warranty**

WARRANTY CLAIM FORM

WARRANTY CLAIM FORM MUST BE COMPLETED CORRECTLY TO VALIDATE THE CLAIM

Company Name: _____ Contact _____ Date: _____
 Address: _____ Tel _____ Invoice No: _____
 _____ Email _____ Project Name: _____

DETAILS OF UNIT

MODEL: _____ SERIAL NO. _____
 Installation Date _____ Start up date _____ Failure date _____

Fault Report

Part Required _____ Part No _____
 Part Required _____ Part No _____

IMPORTANT:

1. Claim must be submitted within 30 days of failure.
2. Fill out one claim form for each unit.
3. Return faulty parts with claim form.
4. No gas, labour, or travelling claims will be permitted.
5. Attach photos

All parts will be charged to your ACCOUNT and credited once parts have been returned and checked by the Factory Technical department. If warranty applies

Name _____ Signature _____

FACTORY SECTION

Date received _____ Warranty Claim no. W23/001
 Report on faulty part _____

Warranty Approved	Yes/No	Amount
	Total Parts	
	Chargeable	
	Credit	

CLAIM APPROVED	
CLAIM PENDING	
CLAIM DENIED	
RETURNED PARTS BY:	
COLLECTION	
DELIVERY	
COURIER	
AIR/SEA FREIGHT	

Parts checked and found faulty under warrant must be returned to supplier or Client, Attach photos

Tested By _____
 Date _____ Signature _____

If Supplier warranty applies report to supplier for replacement part

Name of Supplier _____ Reported By _____
 Contact Name _____ Part/Credit Receiver _____
 Contact details _____ Claim Closed _____