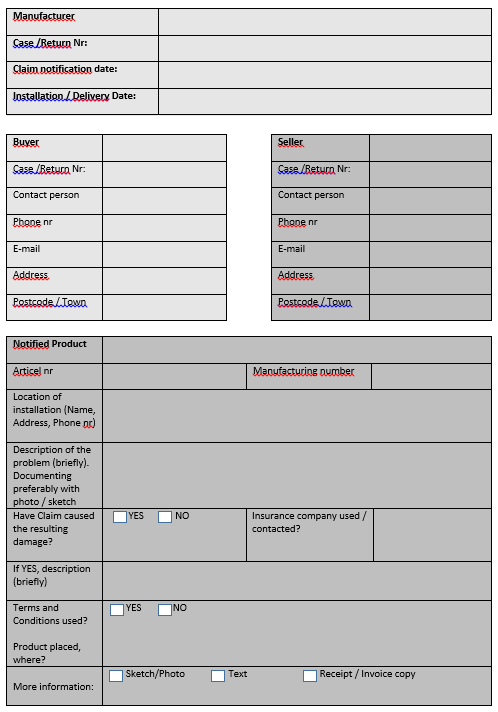
|  |  |
| --- | --- |
| **Manufacturer** |  |
| **Case /Return No:** |  |
| **Date Claim is Reported:** |  |
| **Installation / Delivery Date:** |  |

|  |  |
| --- | --- |
| **Buyer** |  |
| Case /Return No: |  |
| Contact person |  |
| Phone |  |
| E-mail |  |
| Address |  |
| City/State/Zip |  |

|  |  |
| --- | --- |
| **Seller** |  |
| Case /Return No: |  |
| Contact person |  |
| Phone |  |
| E-mail |  |
| Address |  |
| City/State/Zip |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notified Product** |  | | | | |
| Article No. |  | | Manufacturing No. |  | |
| Location of installation (Name, Address, Phone) |  | | | | |
| Description of the problem (briefly). Documentation; preferably with photo / sketch |  | | | | |
| Has claim caused the resulting damage? | YES NO | Insurance company used / contacted? | | |  |
| If YES, description (briefly) |  | | | | |
| Terms and Conditions used?  Product placed, where? | YES NO | | | | |
| More information: | Sketch/Photo Text Receipt / Invoice copy | | | | |

Contact the manufacturer if Case/Return number is needed.



All kind of terms and conditions shall contain information about the claim type and extent

Installation / delivery date corresponds to the product's delivery to the buyer

In this form all fields must be filled in by claimant.