

Customer Claims Report

In order to handle your claim as quickly as possible we kindly ask you to fill in this form with the required information. Thank you in advance.

Contact Information :	
Date (dd-mm-yy) :	
Company:	
Contact person:	
Details of Product :	
Product:	
Serial no. (if applicable):	
Date of production (dd-mm-yy):	
Nos. of non conforming items:	
Item no. (if not applicable use main item no.):	
Details of Claim :	
Error type:	
Priority of handling claim (low (as information), normal, high (immediate action))	
Reported as an incident:	
Description of claim:	

Note: Please attach a photo if possible.