

Claim Report

Report-No.:

internal use only

Claim noted			
by:	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>	Time:	<input type="text"/>

Complained by / customer			
Name:	<input type="text"/>	E-mail:	<input type="text"/>
Address:	<input type="text"/>	Tel. No.	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Brief description			
Serial no.:	Item description:	Article no.:	Invoice no.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of the damage

What has happened / Which components are damaged / supposed reasons ?

Whereat / When did the problem occur ?

Effect on the customer / comment:

Given promise / Notice: Yderligere information :

RotoBed® analysing / report / answer

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