## **WARRANTY CLAIM**



In order for the claim to be considered, the following is required:

all sections of the form shall be duly filled in

the form shall be submitted to the manufacturer within 4 weeks after

date of damage

the form shall only cover one machine

Please fill in with block letters or electronically, and send to claim@he-va.com

**CLAIM NO.:** 

DEALER			END CUSTOMER		
NAME:		NAME:			
STREET, HOUSE NO.:		STREET, HOUSE NO.:			
CITY, POST CODE:		CITY, POST CODE:			
CONTACT:		CONTACT:			
MACHINE TYPE:	DA	TE OF DAMAGE:			
SERIAL NO.:	DA	TE OF REPAIR:			
DELIVERY DATE:	HE	CTARES DRIVEN:			
SHORT DESCRIPTION OF THE COURSE OF THE DAMAGE. (ENCLOSE PHOTO)					

DATE:	SIGNATURE:

INVOICE / ORDER NO. FOR ANY SPARE PARTS DELIVERED:

ARE THE PARTS TO BE CREDITED?

OR NEW PARTS TO BE DELIVERED?

ITEM NO. SPARE PART QUANTITY D	DISCOUNT UNIT PRICE TOTAL AMOUNT
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	WORK HOURS	COST PER HOUR	TOTAL AMOUNT
REPAIR WORK:			
KILOMETERS	KILOMETERS	COST PER KILOMETER	TOTAL AMOUNT
INCL. SERVICE CAR:			

**CLAIM TOTAL COST:** 

## SECTIONS BELOW ARE TO BE FILLED IN BY MANUFACTUER / SUPPLIER

DEFECTIVE PARTS RETURNED	CLAIM	REASON FOR REJECTION		
CARRIAGE PAID	APPROVED	IMPROPER USE	NO WARRANTY	
CARRIAGE FORWARD	NOT APPROVED	NO MAINTENANCE	WARRANTY PERIOD EXPIRED	
	PARTLY APPROVED	OPERATING FAILURE	OTHER	

REASON:

DATE: **CLAIM PROCESSED BY:** SIGNATURE:

For more information, please contact us on: phone: +45 9772 4288 or e-mail: info@he-va.com

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