

Warranty Claim Form

Internal order code
GDD

Customer Service Partner: _____

Street: _____

Postal Code/Town: _____

Contact Person: _____

Customer Service Partner No.: _____ Reference No.: _____

Phone/Fax No.: _____

E-mail Address: _____

Customer / Location of installed plant: _____

Street: _____

Postal Code / Town: _____

Home / Work Phone No.: _____

Agreed date: _____

Glen Dimplex Deutschland GmbH
Kundendienst Haustechnik
Am Goldenen Feld 18

95326 Kulmbach

Customer's complaint: _____

Device Data:

Type	Serial / Service no.	KI	Manufacture Date	Commissioning Date
Date of Purchase	Delivery Date	Supplier	Date of Complaint	

Non-Conforming Part:

Part Designation	Order no./Part no.	Comments
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Plant defect	<input type="checkbox"/>	Leakage	repaired	replaced	Mechanical	repaired	replaced	Electrical	repaired	replaced		
Device defect	<input type="checkbox"/>	Threaded joint	<input type="checkbox"/>	<input type="checkbox"/>	Installation pos. of part	<input type="checkbox"/>	<input type="checkbox"/>	Wiring	loose	<input type="checkbox"/>	<input type="checkbox"/>	
		Soldered joint	<input type="checkbox"/>	<input type="checkbox"/>	Connection	<input type="checkbox"/>	<input type="checkbox"/>		faulty	<input type="checkbox"/>	<input type="checkbox"/>	
		Parts	<input type="checkbox"/>	<input type="checkbox"/>					missing	<input type="checkbox"/>	<input type="checkbox"/>	
		Other <input type="checkbox"/>	_____							interrupted	<input type="checkbox"/>	<input type="checkbox"/>

Description of problem / actions performed: _____

Repair Costs:

Material used	Order no. / Part no.	Amount	Unit price	Total price
Labour rate as per customer service agreement				
Kilometer rate as per customer service agreement				

Internal inspection note:	Department	Date	Initials	Sum
				+ _____ % VAT
				Total

All required safety and cryogenic tests were performed after completion of the repair work.

Date	Signature of customer service technician	Date	Time	Signature of customer (confirmation of warranty repair)
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