



THE CROMMELIN GROUP
Innovation Powered by Experience

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WARRANTY CLAIM FORM

No. (Office use only)

DATE

MODEL No.

BRAND

ENGINE SERIAL No.

MACHINE SERIAL No.

PURCHASE DATE

MACHINE'S WORKING HOURS

FREQUENCY OF TROUBLE

MACHINE'S APPLICATION

YOUR JOB No.

DATE UNIT LODGED FOR REPAIR

DATE JOB COMPLETED

(Please send tax invoice to CROMMELINS Machinery for labour costs once job is approved and completed.)

IMPORTANT

- 1 This claim will be rejected if not submitted within 30 days of the repair date.
- 2 All faulty parts to be retained until advice that the claim has been approved.
- 3 **Tax Invoice must be sent to CROMMELINS Machinery for payment to be made (via email, fax or mail) email@crommelins.com.au**

DISTRIBUTOR OR SERVICE AGENT

NAME
ADDRESS
PHONE

OWNER

NAME
ADDRESS
PHONE
SIGNATURE

LABOUR (if applicable) _____ HOURS at \$ _____ PER HOUR, please send tax invoice once claim is approved.

CAUSE OF FAILURE (abuse, faulty component etc.) _____

PARTS USED/REPLACED

PART No	QTY	DESCRIPTION

DETAILS OF REPAIR (briefly, what work was completed) _____

APPROVED/NOT APPROVED AUTHORIZED BY **DATE**