

CLAIM NO:

(Crommelins use only)

IMPORTANT!

 Please complete claim form in as much detail as possible and send to: email@crommelins.com.au

1. Claim will be rejected if not submitted within 30 days of the repair date
2. All faulty parts to be retained until advice that claim has been approved
3. **LABOUR** – A tax invoice for labour must be submitted to Crommelins Machinery after claim is approved for payment to be made
4. *For queries or further information please contact:*
 Donna Hunt on (08) 6350 4879

DISTRIBUTOR OR SERVICE AGENT

Company:		
Address:		
Suburb:	State:	P/Code:
Email:		
Contact Name		
Contact Number		

OWNER

Name:		
Address:		
Suburb:	State:	P/Code:
Contact Name		
Contact Number		

REASON FOR CLAIM: _____

DETAILS OF REPAIR: _____

PARTS USED/REPLACED:

Part No	Qty	Description

 Crommelins use only: APPROVED/DENIED by: _____ DATE: _____
 If denied please state reason: _____

DATE	
MODEL NO.	
BRAND	
ENGINE SERIAL NO.	
MACHINE SERIAL NO.	
PURCHASE DATE	
MACHINE'S WORKING HRS FREQUENCY OF TROUBLE	
MACHINE'S APPLICATION	
YOUR JOB NO.	
DATE UNIT LODGED FOR REPAIR	
DATE JOB COMPLETED	