

# Claim Notification Form

Dear Client,  
Please fill in the information in the form below to allow us to process your complaint promptly and accurately.

Business name	
Address	
Contact person	
E-mail	
Phone	
Product symbol	Quantity
Purchase document no.	
Description of fault	
Expectations	<input type="radio"/> Return <input type="radio"/> Repair/replacement <input type="radio"/> Information
Stage of fault occurrence	<input type="radio"/> Before commissioning <input type="radio"/> Commissioning <input type="radio"/> Normal operation
Has a similar fault occurred before?	<input type="radio"/> No <input type="radio"/> Yes
Installation to failure time	months
Frequency of operation	Number of performed cycles
Working pressure	MPa
Mean temperature	°C
Ambient temperature	°C
Load	<input type="radio"/> kg <input type="radio"/> g <input type="radio"/> Not applicable
Operating speed	<input type="radio"/> mm/s <input type="radio"/> mm/min <input type="radio"/> 90°/s <input type="radio"/> Not applicable
Operating position	<input type="radio"/> vertical <input type="radio"/> horizontal <input type="radio"/> at an angle <input type="radio"/> Not applicable
Has the product been exposed to vibration?	<input type="radio"/> No <input type="radio"/> Yes
Has there been a collision/drop of product?	<input type="radio"/> No <input type="radio"/> Yes
Voltage	<input type="radio"/> V AC <input type="radio"/> V DC <input type="radio"/> Not applicable
Contact with other substances	<input type="radio"/> No <input type="radio"/> Yes    If yes, what substances?
Dust	<input type="radio"/> No <input type="radio"/> Yes    Type
Air preparation	<input type="radio"/> Dryer <input type="radio"/> Filter    (µm) <input type="radio"/> Lubricator
Attachments	<input type="radio"/> Diagram <input type="radio"/> Photos/video
Additional information	

Date

Signature