

Title <b>Claim form</b>			Page 1 (1)
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## Claim form

This form should be used for all matters relating to claims and is available at [www.srsafety.com](http://www.srsafety.com) under Contact

- Product  
 Delivery  
 Other matters

Sundström Safety AB's claim number:	Your claim number:
	Your order number:

Information Customer / End user		Information Distributor / Reseller	
Company		Company	
Contact person		Contact person	
Address		Address	
Post code, City		Post code, City	
Country	Phone	Country	Phone
E-mail		E-mail	
Receipt enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of purchase	Price
Product /products, Quantity			
Defect and assumed reason			
Working situation – What kind of contaminants and chemicals? <b>Must be filled-in!</b>			
<b>N.B. The product is not allowed to be contaminated with dangerous substances. It has to be cleaned before it is sent to us!</b>			
Date when the defect was detected			
Has the customer received a replacement? Yes <input type="checkbox"/> No <input type="checkbox"/> Date			
Has the customer received a replacement product on loan?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Product	Serial number Liaison person
The customer is thus aware of the fact that he is responsible for the freight cost if the defect does not entitle the customer to a claim, if the customer has no receipt or no defect has been found.			
The standard Sundström guarantee is for 1 year from the customer's date of purchase, this applies only to defects in manufacturing or fault in design. Special rules apply to the SR 500 system.			
Does the customer want a quotation for the repair work if the product is not covered by the guarantee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date		Name	

**Please contact us before you send in the product to receive a return number!**

This filled-in form should accompany the returned goods. Preferably send an advance copy to [claim.service@srsafety.se](mailto:claim.service@srsafety.se)