

Warranty Claim Form (for Dealer Use)

JACCRA INDUSTRIES PTY LTD
 ABN: 16 150 829 575 | 23 Exhibition Drive., Malaga, WA 6090, Australia
www.jaccraindustries.com



Date:		Ref. No. (JI Office Use Only):	
<p><i>Instructions</i></p> <ol style="list-style-type: none"> Submit this completed form and obtain JI (Jaccra Industries) approval <u>before</u> proceeding with any warranty repairs. Attach a copy of the sales invoice to end users. Attach photo(s) of the problem including one photo to show product serial number is important. Return, retain or discard faulty parts as requested by Jaccra. 			
Dealer		Repair Agent	
Name:		Name:	
Contact:		Contact:	
Phone:		Phone:	
		Email:	
End-User Customer:		Product Sales History	
Name:		Jaccra Invoice Number:	
Contact:		Jaccra Invoice Date:	
Phone:		Dealer Invoice Number:	
Email:		Dealer Invoice Date:	
Product			
Product Code (Model):		Serial Number:	
Warranty Defect – Description:			
Required Parts:			
Estimated Cost:			
JI Office use Only			
Claim Manager:		Comments:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Faulty Parts: <input type="checkbox"/> Return <input type="checkbox"/> Retain <input type="checkbox"/> Discard			
Jaccra Parts Invoice Number:		Delivery Date:	
Equipment Supplier:		Comments:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Faulty Parts: <input type="checkbox"/> Return <input type="checkbox"/> Retain <input type="checkbox"/> Discard			
Supplier PI No. for the warranty parts :			
Warranty Completion Date:		File Place:	