

Claim Report

RotoBed®

Report-No.:

Internal use only

Claim noted			
by:	<input type="text"/>	Date:	<input type="text"/>
	<input type="text"/>	Time:	<input type="text"/>

Complained by / customer			
Name:	<input type="text"/>	E-mail.	<input type="text"/>
Address:	<input type="text"/>	Tel. No.	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Brief description			
Serial no.:	Item description:	Article no.:	Invoice no.:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of the damage
What has happened / Which components are damaged / supposed reasons?

Whereat / When did the problem occur?

Effect on the customer / comment:

Given promise / Notice: Further information :

RotoBed® analysis / report / answer

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