

## STANDARD WARRANTY FORM



**NOTE: All minimum required information should be provided by the Purchasing company before the claim will be handled by Sandfirden Technics B.V. For the required information please consult also the user's manual. This form can be filled in by hand or digital using Acrobat Reader. Email this form to [warranty@sandfirden.nl](mailto:warranty@sandfirden.nl)**

\*Required fields

### Required information to be defined by the Purchasing company\*

Purchasing company claiming : \_\_\_\_\_  
Name of ship / Installation : \_\_\_\_\_  
Date of failure : \_\_\_\_\_  
Machine type : \_\_\_\_\_  
Machine serial number : \_\_\_\_\_  
Machine running hours : \_\_\_\_\_

### Detailed description\*

- Complaint and/or damage
- Possible cause
- Circumstances

### Customer Request\*

### Additional information (this can speed up your claim request)

Sandfirden Technics B.V. project nr. : \_\_\_\_\_  
Name of the person claiming : \_\_\_\_\_  
Correspondence e-mail address : \_\_\_\_\_  
Claim number customer : \_\_\_\_\_

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Reference number(s) of failed parts, which are requested to be send by Sandfirden Technics B.V. (failed parts must be send back to per address Sandfirden Technics B.V., Haventerrein 1, 1779 GS Den Oever (The Netherlands) Ref. purchasing company claiming and claim number):

Pos.	Part description	Part no.	Qty.
1.			
2.			
3.			
4.			
5.			
6.			

## Required information to be defined by Sandfirden Technics:

Date claim received : \_\_\_\_\_

Warranty coordinator : \_\_\_\_\_

Claim number : \_\_\_\_\_

Opinion (Sandfirden Technics B.V. is responsible / not responsible incl. reason) :

Action(s) to be undertaken :

## Overview of failed parts returned by the Purchaser:

Pos.	Part description	Part no.	Qty.
1.			
2.			
3.			
4.			
5.			
6.			

Date opinion returned to the Purchaser : \_\_\_\_\_

Status of this claim : \_\_\_\_\_