



Warranty Claim Job Sheet

Claim No: Area:

Serial No: Site No:

Description: Site:

Dealer:

Despatch Date:

Date of Sale: Owner:

Sale Type:

Key Number: Contact On Site:

Plot Number: Site Phone Number:

Special Notes:

Date Acknowledged: Acknowledged By:

Date Completed:

No:	Issue:	Location:	Position:	Description:
<input type="text" value="1"/>	<input type="text" value="Damaged"/>	<input type="text" value="Bed 2"/>	<input type="text" value="Back End"/>	<input type="text" value="Twin bedroom, small scratches on the side of wardrobe, these might touch in"/> <input type="text" value="Resolved by Dean Chillcott on 31 Mar 2014"/>
<input type="text" value="2"/>	<input type="text" value="Damaged"/>	<input type="text" value="Master Bedroom"/>	<input type="text" value="Back End"/>	<input type="text" value="Main bedroom small pull on the right hand curtain, replacement required"/> <input type="text" value="Resolved by Dean Chillcott on 31 Mar 2014"/>
<input type="text" value="3"/>	<input type="text" value="Damaged"/>	<input type="text" value="Hallway"/>	<input type="text" value="Back End"/>	<input type="text" value="Hallway, small scratches on the hall cupboard, these might touch in"/> <input type="text" value="Resolved by Dean Chillcott on 31 Mar 2014"/>

Parts

Customer to sign:

Sign: _____ Print: _____ Date: _____