



Warranty Claim Form

Customer Details			
Company Name: #		Contact Name: #	
Contact Number: #		Fax:	
Email: #			

Purchase Details			
Taipan Invoice Number: #		Invoice Date: #	

Warranty Claim Details			
Product Number: #		Batch Number:	
Machine Type/Model:			
Pressure Rating of Circuit:			
Oil Type in Use:			
Actual Hose Tail Crimp Diameter:			
Description of Failure:			

NOTE: All warranty claim details are required to be completed correctly failure to do so will result in an immediate rejection of the claim # indicates a required field and should be completed in order to speed up the processing time All claims are subject to our trading Terms and Conditions found in our Product Catalogue or on our website www.taipan.com.au.

Office Use Only			
Date Notified:		Claim Number: WCF-	
Staff Member Notified:		Date WCF Issued:	
Date Assessed:		Issued By:	
Assessed By:			
Date Credit Processed:			
Processed By:			
Credit Note Number:			

Details of Outcome:			

<https://www.taipan.com.au/wp-content/uploads/2019/12/Warranty-Claim-Form-V19.12.09.pdf>

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