**Warranty Claim Form**

Please complete all mandatory fields marked with “#”: in Section 1 and select submit button to email to [researchanddevelopment@taipan.com.au](mailto:researchanddevelopment@taipan.com.au)

**NOTE:**  All claims are subject to our trading Terms and Conditions found in our Product Catalogue or on our website [www.taipan.com.au](http://www.taipan.com.au).



**Section 1 – Customer/Branch Staff Member/Territory Manager to complete**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Customer Details** | | | | | | |
| Company Name: **#** | |  | | | Contact Name: **#** |  |
| Contact Number: **#** | |  | | | Fax: |  |
| Email: **#** |  | | | | Date: **#** |  |
| **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: **#** | | | |  | | |

**Section 2 – Research and Development Manager to complete**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Notified: |  | Claim Number: **WCF-** |  | |
| Contact Number: |  | Date WCF issued: |  | |
| Date Assessed: |  | Issued By: |  | |
| Assessed By: |  | Date Credit Processed: |  | |
| Credit Processed By: |  | Credit Note Number: |  | |
| **Details of Outcome** | | | | |
|  | | | | |
| Complete all Section 2 and save Warranty Form into Customers folder on X Drive | | | |  |