

# Claim form

CLIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPLAINT NR. OF THE CUSTOMER (only if trader): \_\_\_\_\_

article	name

Will be filled in by our service staff!

- Recoating or repair
- Free exchange
- Could not be repaired / returned to customer

What is the problem with the product?

**Please describe the problem here.**

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