



# Warranty Claim Form

### Customer Details

Name					
Address					
Suburb:		State:		Postcode:	

### Contact Details

Phone:		Mobile:		Email:	
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### Address where product installed

If different to above

Suburb:		State:		Postcode:	

### Product Type

please tick

	<input checked="" type="checkbox"/>	
SHOWER BASE	<input type="checkbox"/>	Please provide Installing person(s) details
SHOWER SCREEN	<input type="checkbox"/>	Please provide Installing person(s) details
TILE UNDERTRAY	<input type="checkbox"/>	Please provide Installing person(s) details
KITCHEN SINK	<input type="checkbox"/>	
LAUNDRY TROUGH	<input type="checkbox"/>	
VANITY	<input type="checkbox"/>	
WALL LINER	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	
	<input type="checkbox"/>	

### Product Details

Code:		Description:	
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### Purchase Details

Proof of purchase

must accompany claim

Store Name					
Suburb:		State:		Postcode:	
Date Purchased					

### Installers Details

Proof of installation by

licensed installer must

accompany all warranty

claims

Name			Date Installed	
Phone		Mobile		
Description of fault (where possible please include a photo) :				

Was the product installed according to manufacture's instruction	YES	NO	
Was the product faulty when you received	YES	NO	

I have read the warranty conditions and exclusions in relation to the product in question and agree that any costs associated with service work not within the limits of the warranty terms and conditions will be accepted by the end user.

By signing the below, I acknowledge that if Australian Polymore P/L service agent inspects and reports my purchased product and deems the fault to be caused by incorrect installation and/ or misused I will be charged a "call out" fee by Australian Polymore P/L

Customer signature	
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Date	
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Claim Reference No.
<input type="text"/>
office use only