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### WARRANTY INSPECTION CLAIM FORM

Customer	<input type="text"/>	Date:	<input type="text"/>	
Site Name & Address:	<input type="text"/>	Site Contact Person:	<input type="text"/>	
		Site Contact Phone No:	<input type="text"/>	
		Email:	<input type="text"/>	
		Customer Order No.	<input type="text"/>	
PumpSmart Order No.	<input type="text"/>	Date Purchased	<input type="text"/>	
Pump Model	<input type="text"/>	Pump Article/Serial No.	<input type="text"/>	
Reason for Warranty Claim/Return (Please provide as much information as possible)				
<input type="text"/>				
Site Ref/Location/Commissioning Setting	Product Code/Pump Type	Vessel Qty	Vessel Size	1 or 3 Phase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of system	<input type="text"/>			
Electric Supply Connected?	<input type="text"/>	Water Supply Connected?	<input type="text"/>	
BMS Controls Connected?	<input type="text"/>	On Site Parking Available?	<input type="text"/>	
Site Induction Required?	<input type="text"/>	CSCS Cards Required?	<input type="text"/>	
Method Statement Required?	<input type="text"/>	Risk Assessment Required?	<input type="text"/>	
Works in a confined space?	<input type="text"/>			
Failure Date?	<input type="text"/>	Warranty Claim Forms are to be returned to <a href="mailto:help@pumpsmart.co.uk">help@pumpsmart.co.uk</a> – click submit ↓		
Please send <b>photos</b> of any labels or data plates on the faulty item and complete all the details correctly so that your claim can be processed quickly. Click Submit→				