

RAXTAR Warranty claim

Contact

Date:

Customer reference:

Name:

Contactpe:

Address:

Zip-code:

City:

Telephone:

Mobile:

Part specifications

Hoistnr.:

Type:

Part specification:

Typenr.:

Complainment description

Visual damage?

Yes

No

Failure mechanical / elektrical?

Elektrical

Mechanical

Part electrical inspected? (when applied)

Yes

No

Any problems identified?

Yes

No

Specified:

Name:

Signature: