

IMPORTANT! Please ensure you download and open this form in Acrobat, not in a web browser or another program. This will ensure that the fillable mechanisms and submit button are active.
 Please complete claim form in as much detail as possible and hit the 'SUBMIT FORM' button or send to: email@crommelins.com.au

1. Claim will be rejected if not submitted within 30 days of the repair date.
2. All faulty parts to be retained until advice that claim has been approved.
3. **LABOUR.** A tax invoice for labour must be submitted to Crommelins Machinery after claim approval for payment to be made.
4. **For queries or further information please contact Donna Hunt on (08) 6350 4879**

DISTRIBUTOR OR SERVICE AGENT

Company:		Contact No:
Contact:		Email:
Address:		
Suburb:	State:	Post Code:

OWNER

Name:		Phone:
Email:		
Address:		
Suburb:	State:	Post Code:

PRODUCT INFORMATION

Date:	Your Reference No:
Brand:	Model No:
*Purchase Date:	Machine's Working Hours:
*Engine Serial No:	*Machine Serial No:

**Indicates Required Field*

REASON FOR CLAIM

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DETAILS OF REPAIR

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PARTS USED / REPLACED

Part No	Qty	Description

CROMMELINS USE ONLY	APPROVED DENIED LABOUR ONLY
By:	If denied please state reason:
Date:	
Invoice No:	