

For Ipeco Use Only	
Claim No:	<input type="text"/>
Date Received:	<input type="text"/>
Date Acknowledged	<input type="text"/>



Warranty Claim

Customer Details

Claim Ref:	<input type="text"/>	Date:	<input type="text"/>
Customer Name:	<input type="text"/>		
Contact Name:	<input type="text"/>	Email:	<input type="text"/>

Part Details

Seat/ Galley P/N:	<input type="text"/>	Serial Number:	<input type="text"/>
Component P/N:	<input type="text"/>	Batch No:	<input type="text"/>
Date of Manufacture:	<input type="text"/>	Date of Removal:	<input type="text"/>
AC Tail:	<input type="text"/>	Time since New (Hours):	<input type="text"/>

Claim Details

Reason for Removal:

Work Performed:

Repair Work Carried out by: Date:

Materials Used	Qty	Cost USD

Labour Description	Hours	Cost USD

Freight Cost	Ship From	Ship To

Please attach with this claim all shop reports, Company headed warranty claim (if applicable), and Shipping, tax and duty invoice(s) / Evidence

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Claim Agreed Yes / No (Delete as appropriate)

Findings (Eg. Credit Supplied, FOC Replacement, Reason Claim Denied):

Signed: <input style="width: 90%;" type="text"/>	Date Completed: <input style="width: 90%;" type="text"/>
Completed By: <input style="width: 90%;" type="text"/>	
Signed by Senior Manager: <input style="width: 90%;" type="text"/>	
Signed by VP: <input style="width: 90%;" type="text"/>	