

To: BAUER Maschinen GmbH  
After Sales Service Department  
P.O. Box 12 60  
86522 Schrobenhausen, Germany  
Phone Germany + 82 52/97-25 86  
Fax Germany + 82 52/97-25 87  
e-mail kvt@bauer.de

From (Customer, Agent): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Total number of pages of claim: \_\_\_\_\_

## Warranty Claim

### 1. Product specifications

Equipment: \_\_\_\_\_ Constr. no.: \_\_\_\_\_ Constr. year: \_\_\_\_\_ Operating hours: \_\_\_\_\_

Current location of the equipment, postal address: \_\_\_\_\_

Date of commissioning: \_\_\_\_\_ Date of damage: \_\_\_\_\_

### 2. Description of damage

Please describe damaged parts and state their material number

Name of damaged part	Material no.	Construction no.

Note (symptoms/malfunctions, causes, position of damaged parts):  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Delivery of new parts and repair

Replacement of damaged parts from customer's own stock?

Replacement of damaged parts by ordering from after sales service?

Shipment (by courier, air or sea freight): \_\_\_\_\_

Delivery address: \_\_\_\_\_

Information for a proforma invoice: \_\_\_\_\_

Replacement work by customer, agent?  Yes  No

Estimated working time (hrs): \_\_\_\_\_ Estimated additional costs: \_\_\_\_\_

\_\_\_\_\_  
**Date**                      **Name of claimant**                      **Signature**                      **Company**  
(please print)

### 4. For internal use only (to be filled in by BAUER)

Subject to warranty?  Yes  No

If yes, give order number: \_\_\_\_\_ If no, give reasons: \_\_\_\_\_

Further reports: \_\_\_\_\_

Further actions: \_\_\_\_\_

Return of damaged parts by: \_\_\_\_\_

Estimated working time (hrs): \_\_\_\_\_

\_\_\_\_\_  
(Signed by authorized BAUER employee)