



WARRANTY CLAIM FORM

PLEASE COMPLETE ALL DETAILS AND RETURN WITH FAULTY PART/S.
 Warranty Claims cannot be processed until this form, proof of purchase and the part/s have been received and evaluated. Completed forms can be emailed to:
warranty@liquidsystems.com.au

LQS Dealer:	Location:
Contact Name:	Phone:
Owners Name:	Phone:
Owners Address:	
Invoice Number:	Module Serial Number:
Delivery Date to Owner: <small>Click or tap to enter a date.</small>	Installation Date: <small>Click or tap to enter a date.</small>
Your Claim Reference Number:	Date of Failure: <small>Click or tap to enter a date.</small>
	Date of Claim: <small>Click or tap to enter a date.</small>

- **Please Provide Proof of Purchase by Owner: Attach Copy of Owner's Invoice**
- **Please Provide Proof of Installation & Warranty Registration Form**

Description of Fault/ Reason for Claim

Parts Required for Repair: (Note- All faulty parts must be returned to LQS for evaluation)

QTY	Part Number	Description	Cost
Total Cost			

Signed:

LQS OFFICE USE ONLY

Date Claim Received: <small>Click or tap to enter a date.</small>	Date Parts Received: <small>Click or tap to enter a date.</small>
Replacements Parts INV:	RMA:
Comments/Assessment:	
Warranty Approval: <small>Choose an item.</small>	Credit Memo: