

Questionnaire for claims – Return No :

Please fill in the information at the computer and attach the form to your mail, so we can proceed with the file.

Your contact details - Coordonnées	
Company details:	
<i>Name, address, country</i>	
Contact person:	
<i>Email, phone no:</i>	
Your reference:	
Date:	

Equipment description - Description du matériel	
Article no, description:	
Serial number(s):	
Purchase invoice or Loan contract no, date:	
Further information:	
Warranty request :	<input type="checkbox"/> Yes <input type="checkbox"/> No

Default, Issue, Breakdown details – Défauts constatés, probleme(s) rencontré(s), panne	
For example:	
<i>Obvious defects</i>	
<i>Unusual reactions</i>	
<i>Tried to repair?</i>	
Does the tool already repair earlier?	<input type="checkbox"/> Yes, date : <input type="checkbox"/> No <input type="checkbox"/> Unknown

Further information, Pictures required – Informations complémentaires, photos	
Picture of serial number	<input type="checkbox"/> (Please cross if provided)
Detailed pictures of damage	<input type="checkbox"/> (Please cross if provided)
Copy of invoice (proof of purchase)	<input type="checkbox"/> (Please cross if provided)

Only for internal use at One-Too	
Diagnostic effectué par	Guarantee: <input type="checkbox"/> Yes <input type="checkbox"/> No
N° Devis interne :	
Date :	Signature :