

CLAIM FORM REGISTRATION

Internal Nr _____

Claim Date _____



GENERAL INFORMATION

Client: _____

Invoice Nr: _____ Invoice Date: _____

Project: _____

Address: _____

Contact Person: _____ Phone Nr: _____

RMC Contact Person: _____

INFORMATION REGARDING THE PRODUCT

Reference: _____ Dimensions: _____ Quantity (sqm/m/units): _____

Non installed <input type="checkbox"/>

Storage of material at client warehouse/office <input type="checkbox"/> Inside <input type="checkbox"/> Outside

Type of material		
<input type="checkbox"/> Slab	<input type="checkbox"/> Cut2Size	<input type="checkbox"/> Vanity Top
<input type="checkbox"/> Tile	<input type="checkbox"/> Countertop	

Installed <input type="checkbox"/>

Material installation <input type="checkbox"/> Inside <input type="checkbox"/> Outside
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Type of material		
<input type="checkbox"/> Pavement	<input type="checkbox"/> Cut2Size	<input type="checkbox"/> Vanity Top
<input type="checkbox"/> Walls	<input type="checkbox"/> Countertop	

CLAIM DESCRIPTION

INTERNAL NOTES

ATTACHED DOCUMENTS

- Photos - All the pictures should have a metric tape to understand the real dimension
- Invoice copy
- Packing list
- Other relevant documents - Please specify _____