

# Claim Report / Reklamation

Date	Datum	
Customer	Kunde	
Adresse	Adresse	
Contact	Ansprechpartner	
Invoice No.	Rechnung-Nr.	
Invoice Date	Rechnungsdatum	
Model	Modell	
Qty	Anzahl	
Serial No.(Assy)	Serien-Nr.(Assy)	
Kind of Exc. Work	Art der Baggerarbeiten	
Failure Date	Datum des Schadensfalls	
Working Hours	Betriebsstunden	

**Technical description of failure(please enclose photos if possible) :**

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**Please forward your completed claim report to fax : 49-211-569-2766 or by Mail**

Claim status					
Accepted		Denied		More information	
Remarks :					
Date		Signed			