

CLAIM FORM

Nº SI BP/

1. Information about the customer

Name of the company	Address	Contact person and phone number

2. Information about the defected products

Pos.	Article type	Product number	Serial number	Invoice number	Quantity

3. Description of the established issues

Pos.	Article type	Description of the issue

I would like to make use of advance exchange of the product

(Applies only for official Siemens EOOD / Smart Infrastructure – Building products Partners)

I would not like to make use of advance exchange of the product and it's going to be handled to siemens employee for inspection:

.....

Customer:.....

Date:.....

To be completed by Siemens / Smart Infrastructure – Building products employee:

Acceptor for inspection.....

Date:.....

Resolution on the claim: reasonable unreasonable

(when unreasonable claim is a statement of product inspection must be created and provided to the customer)

Name of the employee:.....

Date:.....

Signature:.....