



## WARRANTY CLAIM

Please direct any questions you may have to:

**Powerblast Warranty Claims Department**

Ph: 1800 812 223

Email: sales@powerblast.com.au

**Powerblast Service Case (SC) No:** \_\_\_\_\_

Your Company Name: \_\_\_\_\_  
(Service Agent)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Your Reference: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Claim Date: \_\_\_\_\_

Date machine purchased from Dealer: \_\_\_\_\_ Invoice No: \_\_\_\_\_

Your Customer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Operating time before failure: \_\_\_\_\_

Specific failure description: \_\_\_\_\_

What steps were taken to analyze the fault? \_\_\_\_\_

Have goods been repaired/replaced? ☐ Yes ☐ No Sales Order/Invoice No: \_\_\_\_\_

### PARTS REQUIRED FOR REPAIR - PARTS REPLACED MUST BE RETURNED WITH THIS FORM

Qty	Part No:	Description	Nett Price	Total Amount
<b>Labour Claim</b>				
Hours:				
Please note: wear & tear items not covered by warranty unless specified by PowerBlast			<b>Total</b>	

I certify that all the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_