

Claim Notification Form

Customer

Name:	E-mail:
Telephone:	
Order number:	Position number:

<input type="checkbox"/> Wants new glass put into production
<input type="checkbox"/> Do not produce new glass until the case has been processed
<input type="checkbox"/> Only want a credit note and not a new glass

Questions that need to be answered (tick at least one box):

What is the reason for claim:	Where is the damage on the glass:		Set at a distance of 2 meters in normal daylight, is the damage	
	Midt	Edge	Little	Very
<input type="checkbox"/> Impurities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Point error:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scratches between glass:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fog formation between glasses				
<input type="checkbox"/> Other errors	Type of error:		Other errors:	
<input type="checkbox"/> Breakage	Cause:		Other causes:	

Comment:

Pictures of Advertised Glass (Minimum 3)

Send everyone as attachments.

Photo requirements:

- One of the whole glass.
- For the reason of complaint.
- Entire rack (Important for breakage, packing/transportation).
- With measure of Scratch/Point error.
- With measurements of claim area.
- Production tag image

<u>Date:</u>
<u>Signatur:</u>

Form and photos are sent to:
Kvalitet.Elvos@no.nsg.com