



**WARRANTY CLAIM FORM**

*(This form must be completed & submitted within 30 days from the date of failure for warranty consideration)*

Sender Details (Company Requesting Warranty item)	Consignee Details (DMG Rep)
Name _____	Name : _____
Email _____	Address : _____
Phone No. _____	_____
Company _____	_____
Job Name _____	_____
Installing Contractor _____	_____
Commissioned by _____	Contact : _____
PO# (will only be used if Warranty not accepted by factory) _____	_____

**UNIT DETAILS**

Unit Model \_\_\_\_\_ Unit S/No. \_\_\_\_\_

Ex-Factory Delivery Date \_\_\_\_\_ Startup Date \_\_\_\_\_ Failure Date \_\_\_\_\_

**FAULTY PART DETAILS** *(tick one only)*

Compressor     Component (Description) \_\_\_\_\_ Qty : \_\_\_\_\_

Part Model : \_\_\_\_\_

a) Has this part previously failed?                       Yes     No

Failure Description:

\_\_\_\_\_

Troubleshooting procedure in determining failure *(Please provide case number given by tech support):*

\_\_\_\_\_

<b>FOR DMG USE ONLY</b>	Warranty Period (Years)    Parts : _____    Compressor : _____
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**Disclaimer:**

All warranty authorizations are determined by the manufacturer. The customer is liable and may be charged for any costs or charges associated with the warranty process, including any charge backs by for parts determined not to be covered under their written limited warranty.