# Warranty Claim

**JABSCO**
BINGLEY ROAD, HODDESDON
HERTFORDSHIRE, EN11 0BU
FAX: 00441992467132

| To be completed by the claimant | | | |
|---|---|---|---|
| Company Name | CH.MARINE,NAUTIC HOUSE,MARSH ROAD SKIBBEREEN.Co CORK | A/C No | |
| Contact Name | TIM | E Mail | SALES@CHMARINE.COM |
| Contact Tel No | 00353 28 23190 | Fax No | 00353 028 22028 |
| Customer Ref | CHRIS KENNEDY | Date | 23/06/06/ |

| Qty | Part No | Description of the Claim | Date Code | Invoice No | Code |
|---|---|---|---|---|---|
| 1 | 31750-0000 | Sensor Max 17.Pump will not shut off. | S/N 05F41622 | | |
| 1 | 31620-0094 | MOTOR STOPPED | S/N 05F53051 | | |
| 1 | 30620-0292 | WILL NOT TURN OFF | | | |
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| For Official Use Only | | |
|---|---|---|
| Code | Disposal Instructions | Credit Approval |
| D | Dispose of Item | |
| R | Return the item as soon as possible | To be signed by the Quality Manager |
| H | Hold the item for Area Sales Manager | Date of Settlement |
| | | |