# Warranty Claim

**JABSCO**
HINGLEY ROAD, HODDESDON
HERTFORDSHIRE, EN11 OBU
FAX: 00441992467132

| To be completed by the claimant | | | |
|---|---|---|---|
| Company Name | CH.MARINE,NAUTIC HOUSE,MARSH ROAD SKIBBEREEN.Co CORK | A/C No | 106768 |
| Contact Name | TIM | E Mail | TIM@CHMARINE.COM |
| Contact Tel No | 00353 28 23190 | Fax No | 00353 028 22028 |
| Customer Ref | CHRIS | Date | 02/09/2006 |

| Qty | Part No | Description of the Claim | Date Code | Invoice No | Code |
|---|---|---|---|---|---|
| 1 | 50880-1000 | SHELF STOCK ITEM BASE BROKEN | N/A | | CHM STOCK |
| 1 | 29240-0000 | ROCKER ASS.BROKE AFTER FIRST USE | N/A | | |
| 1 | 61050-0002 | LIGHT HEAD FELL OF BASE AFTER 2 WEEKS INSITU. | | | RETURN |
| 1 | 31755-0000 | PUMP STARTED RUNNING FAST THEN STOPPED. | 02A1624 | | |
| 1 | 31755-0000 | THIS PUMP WAS SENT FROM ITT TO JENIFFER GUINNESS IN FRANCE.NOW IT TO HAS STOPPED WORKING | NO DETAILS ON THE LABEL,ITS FADED | | MARI06 |
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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 | |
| | | | |

WAR000609.