

**Warranty Claim Form**

JRC/Alphatron Marine International equipment

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| --- | --- | --- | --- |
| **VESSEL** | | **EQUIPMENT** | |
| Name | \* | Model (main equip.) | \* |
| IMO/Hull/ Fishery | \* | Serial no. (main equip.) | \* |
| Flag | \* | AMI S.O. or invoice no. | \* |
| Type | \* | AMI invoice date | DD/MM/YY |
| Call sign | \* | Installing company | \* |
| Class | \* | Installation date | DD/MM/YY |
| MMSI | \* | Inst. report attached? | \* |
| Owner | \* | Commissioning Co. | \* |
| Address | \* | Commissioning date | DD/MM/YY |
| Telephone | \* | Comm. report attached? | \* |

Please note that we can’t process incomplete forms. Send always a copy of invoice, installation/service report and PO number to avoid delay. Thank you for your cooperation and understanding.

|  |  |
| --- | --- |
| **DISTRIBUTOR/CUSTOMER** |  |
| Name | \* |
| Purchase order number (Mandatory) | \* (for costs incurred outside of warranty) |
| Date of claim | \*DD/MM/YY |

|  |
| --- |
| **SYMPTOM** |
| \* |

|  |
| --- |
| **ACTION TAKEN/REMARKS** |
| \* |

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICE ARRANGEMENT REQUIRED?** | | **If yes, fill-out details below. If already repaired, submit service report.**  Yes/No | |
| ETA | DD/MM/YY | ETD | DD/MM/YY |
| Port |  | Country |  |
| Local agent |  | | |
| Address |  | | |
| Telephone | + | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARTS** | | | |
| Part number | Description | Quantity | For AMI use only |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **For AMI use only** | |
| Order number |  |
| Warranty type | Parts Parts Labor |

**Contact us**

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