

## **Warranty Claim Form**

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Branch:	Installation Date:	
Customer Details:	Section 1	
Company:		
Address:		
Account Number:	Attn:	
Order Number: (For replacement part)	DOA? YES NO	
Faulty Item: Section 2		
Description:	Model No:	
Code No:	Date of Failure:	
Original Equipment: Section 3	Replacement Item: Section 4	
Model Ref:	Code No:	
Serial No(s):	Despatch Date:	
Invoice No:	Sale Order Ref:	
Customer Order No:	Invoice No:	
Site & Location:	Advice Note No:	
Engineer Name:		
MHI 10 Year Warranty Reg No:		
Fault Details: ENGINEER TO COMPLETE  Section 5		
Full details of the fault conditions and any fault codes:		
What tests were carried out to diagnose the fault:		
Confirmation on what parts or corrective actions were taken to get the system operational:		
If compressor fault, please supply the below information prior to the compressor replacement if possible, or when the new compressor		
has been fitted. Discharge Pressure & Temp:	Ambient Temperature:	
Suction Pressure & Temp:	Voltage & Amperage:	
Liquid Temperature:	Oil Quantity & Acid Test Results:	
Supply pictures or videos of the installation and fault (Note: U	I/S will not do - full information is required or warranty will be rejected)	

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System Details: ENGINEER TO CO	MPLETE Section 6	
Pipe Sizes:  Pipe Lengths:  Refrigerant Type:  Total System Charge:  No. of Evaporators per Condensing Unit:  Description of the application? (Chilled Cold Store, Frozen Cold Store, Cabinets)  Please supply design information (if available)	Location of Condensing Unit (Above or below Evaporator):  ABOVE BELOW  State the model number of each evaporator and confirm control strategy (Common or Separate Thermostats)  , Split AC, VRF, or other)	
If you require a site visit to support your claim please advise and we can arrange, however, please note that the site visit will be chargeable if there is no fault with the equipment.  Site visit required?  YES  If YES, please speak to your local branch, they will arrange with our HVACR department.  NO		
Signature: Section 7		
<ol> <li>Faulty items must be returned within 21 days of failure. Returns will not be accepted without this warranty claim form.</li> <li>It is the responsibility of the customer to return the goods to Beijer Ref UK &amp; Ireland branches. Items will NOT be collected.</li> <li>The Warranty Claim Form must be fully completed to ensure that your claim is accepted.</li> <li>Warranty on compressors will be void if pipe terminations are not sealed (brazed) and ensure all refrigerant has been removed.</li> <li>All goods are supplied subject to Beijer Ref UK &amp; Ireland Conditions of Sale.</li> <li>Replacement items will be issued only against the customers confirmed order, and will be invoiced.</li> <li>Credit will be issued for the value of the goods, subject to the warranty claim being accepted.</li> <li>Compressors will be inspected by a third party or the manufacturer for report and tear down analysis, and will not be returned unless specifically requested at time of warranty claim.</li> <li>Rejected warranty product will be disposed of 12 weeks after customer notified.</li> <li>This form must be used for claiming credit for items returned under warranty. All relevant sections are to be completed by the customer where applicable. Items being returned must be labelled with the customers name and must also be accompanied by a copy of this form.</li> </ol>		
Name of person completing form:	Date:	
Contact telephone number:		
Signature:	Electronic Signature - use Adobe Reader. Click the 'Sign Document' option within your PDF top toolbar OR alternatively please print out and sign manually.	