

Claim report

Boat type:	Report date
Boat number:	
Model year:	
	Signature
Client:	Distributor:
Address:	Dealer:
	Address:
Phone no.:	
Mobile no.:	
Fax number or E-mail:	
Claimed part:	Part number:
Date of purchase:	Mast / Furlex etc:
Date of discovery of failure:	Type or Number:
Claim:	
Actions taken / suggestions:	

This report is drawn up in 3 copies from which the Dealer keeps one, the Distributor one, and Seldén Mast AB one. Any claimed parts returned to Seldén must be accompanied by one copy as well.

