



**VAN REENEN STEEL (Pty) Ltd**

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- Fax + 27 11 864 7629
- Registration No. - 1991/007214/07
- VAT No. - 4880129764

## **WARRANTY CLAIM FORM**

In the event of failure requiring warranty assistance, the attached form is to be completed and returned to the relevant VR Subsidiary along with a purchase order documentation marked:

“Subject to Warranty”

No rectification works should proceed on the assumption that VRS will carry out all associated costs. In the event that VR personnel or representatives are required to attend site to carry out or assist in rectification of a defect outside of warranty scope, site and travel costs may be applicable.

Authority to proceed with warranty works on behalf of VR shall require prior approval to ensure the product returns to service in the minimum time.

**Final acceptance for any/all costs for the repairs are subject to:**

- Inspection of the defective item or structure;
- Circumstances or events, leading up to or surrounding the failure;
- Presentation of valid maintenance records and production data; and
- In the case of bought-out proprietary items – acceptance of warranty by the supplier.



**WARRANTY CLAIM FORM**

**CONTACT DETAILS** (To be completed by Client)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

**EQUIPMENT DETAILS** (To be completed by Client)

Equipment Description: \_\_\_\_\_ Serial No: \_\_\_\_\_

Operating hours: \_\_\_\_\_ Date first installed: \_\_\_\_\_

Component Description: \_\_\_\_\_

Part No: \_\_\_\_\_

Description of Failure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Causes of Failure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Rectification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Order by Purchase Order)

Parts Required: \_\_\_\_\_

Date of Failure: \_\_\_\_\_ Urgency of Defect, Priority:  Routine:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# WARRANTY CLAIM FORM

**WARRANTY ACKNOWLEDGEMENT** (To be completed by VR)

Date Received: _____		Received by: _____	
Faulty Component?	YES / NO	Operational Issue?	YES / NO
Service Support Required?	YES / NO	Parts Support Required?	YES / NO
Copy to Engineering?	YES / NO		
Cause of Failure:			
_____			
_____			
_____			
_____			
Rectification:			
_____			
_____			
_____			
_____			
Warranty Accepted: _____		_____	
(Signature)		(Title)	
VR Job No:	_____		
Labour Cost:	_____		
Material Cost:	_____		