



WARRANTY CLAIM REPORT
ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS

GDNZ INVOICE #:

GDNZ ACCOUNT #:

1. OWNERS DETAILS
NAME:
ADDRESS:
CITY/TOWN:
CONTACT PH:
SIGNATURE:

2. MASPORT UNIT DETAILS
MODEL:
TYPE OF UNIT:
SERIAL NUMBER:
DATE FAILED:
PRIVATE / COMMERCIAL USE (CIRCLE ONE)

3. SALES DETAILS:
PURCHASED FROM:
ADDRESS:
CONTACT PH:
DATE OF PURCHASE:
DATE OF INSTALLATION:
CONTACT PERSON:

4. WARRANTY TO BE UNDERTAKEN BY:
SERVICE AGENT:
ADDRESS:
CONTACT PH:
DATE OF REPAIR:
NZHH CERTIFICATE #/ GAS REG #:
CONTACT PERSON:

5. BASIS FOR CLAIM:

6. PARTS REQUIRED:	QTY:	PRICE \$:	TOTAL \$:	GDNZ INVOICE #:
PARTS TOTAL COST EXCL GST:				

7. WORK PERFORMED: (ATTACH COPY OF JOB SHEET)	JOB NO:	HOURS	MINS
	QUOTE / INVOICE TOTAL COST EXCL GST		

NOTE:
MUST BE SUBMITTED AS PER GLEN DIMPLEX'S INSTRUCTIONS WITHIN 30 DAYS FROM DATE OF REPAIR, OTHERWISE CLAIM MAY BE REJECTED. RETAILERS INVOICE INCLUDING DATE OF PURCHASE MUST BE ATTACHED

GAS PRODUCTS ONLY:
ENSURE YOU HAVE COMPLETED THE GAS APPLIANCE CHECK SHEET OVER LEAF

PLEASE COMPLETE AND RETURN TO:
0800 11 2020 / nztechserv@glendimplex.co.nz