

CLAIM NOTIFICATION

to: MOLL AUTOMATION GmbH 94339 Leiblging Germany
 FAX +49 9427 9500-434 attn. Mr. Georg Heilmeier

Date:	
Customer:	
Person at charge at customer:	
Phone:	
Fax:	

Data of parts	
Function no.:	
Amount:	
Parts name:	
Device no.:	
Disassembled at / assembled in:	
Spare part taken from customer's spare part stock?	Ja Nein
Claim issues: - Date of breakdown - Sort of breakdown - Error message - (further description enclosed on separate sheet)	

MOLL internal:	
claim received:	_____ Date Name
recipients: PM / PL	
Claim acknowledged:	_____ Name Signature
Responsible:	_____ _____
Warranty:	Yes No
Cost object: (warranty- / order no.)	_____
Works to be done:	_____ _____
Responsible for this claim:	_____ Name Department Phone: