

**Customer Order #:** 

	the	20
[Location]	[Date]	

## PANE CLAIM/REPAIR\* RETURN FORM

Company Name  Address of Pane Location for Return Collection by POLFLAM  Point of Contact / Telephone #:			
Number	Construction/Glass Type	Dimensions	Quantity
Mailinei	Constituction, Glass Type	Difficusions	Quantity
	iving Party (Driver or Supplier)		ner Representative (Claimant

## **NOTE ON GLASS CLAIMS:**

- 1. In order for the claim to be processed, the claimed glass must be returned to POLFLAM. The claimed glass must be properly secured against transport damage and sent to POLFLAM Sp. z o.o. Glass damaged in transit is not eligible for claim/repair processing by POLFLAM.
- 2. The following information must be written on the claimed glass with a waterproof marker: CLAIM ORDER NUMBER— NAME OF THE COMPANY SUBMITTING THE CLAIM GLASS DIMENSIONS.

\*STRIKEOUT NON-APPLICABLE DATA