

..... the 20.....
[Location] [Date]

PANE CLAIM/REPAIR* RETURN FORM

Customer Order #:

Company Name

Address of Pane Location for Return Collection by POLFLAM

Point of Contact / Telephone #:

Number	Construction/Glass Type	Dimensions	Quantity

.....
Signature of Receiving Party (Driver or Supplier)

.....
Signature of the Customer Representative (Claimant)

NOTE ON GLASS CLAIMS:

- 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.
- 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