You can save this document as a word or PDF document and send it by regular or electronic mail. Addresses are provided at the end of the document.

|  |
| --- |
| * Title of Claim
 |
| Text |

|  |
| --- |
| * Claim Date
 |
| 00.00.0000 |

|  |
| --- |
| * User Information
 |
| Contact person and dealer: |
| Text  |
| End-user company: |
| Text |
| Quantity and date of purchase by end-user: |
| Text |
| Hose type, size, and length: |
| Text |
| Production date/time stamp and Serial no. of damaged hose: |
| Text |
| Date of initial use and date of damage: |
| Text |

|  |  |
| --- | --- |
| Hose length of claim (m): | Text |
| s |
| What was the hose used for? |
| Text |
| a |
| Bar at pump: | Text |
| Bar at injector: | Text |
| Output volume at bar (LPM): | Text |
| Estimated tot. volume (m3) passed through the hose:  |
| Text  |

|  |
| --- |
| When was the hose damaged (star up, up during injection, etc.? |
| Text |
| What Kind of damage? |
| Text |
| Detailed description (may by written at the end of this document) |
| Temperature, pH chemicals, time of year, surrounding, type of liquid, cause of failure. |

|  |
| --- |
| Send the form as soon as possible to the address below or by e-mail directly to one of our sales managers at Mandals or sales@mandals.com |
| IMPORTANT - SAMPLES:In order to get good treatment of the claim, samples are necessary.Cut off a bad section of the hose as sample(s). Samples need to include bad section + branding/serial no. in e.g., 30 cm lengths 2 pcs. |
| Send claim form and samples to:Mandals ASNordre Banegate 26NO-4515 MandalNorwayAttn.: Claim handling department |
| Please add photos that show damage and the serial number below. Feel free to add more information below. |