

Pump Warranty Claim Form

Claim information

Date of application:

Customer name:

Contact number:

Email:

Address where the pump is situated:

Purchase Information

Date of purchase:







Proof of purchase: Yes No

Retailer the pump was purchased from:

If not purchased from a retailer please specify where the pump was purchased:

Product information

Please select the pump that this warranty claim pertains to:

					
<input type="checkbox"/> 0.37kW Booster Pump	<input type="checkbox"/> 0.55kW Centrifugal Pump	<input type="checkbox"/> 0.55kW Centrifugal Jet Pump	<input type="checkbox"/> 0.75kW Centrifugal Pump	<input type="checkbox"/> 0.75kW VSD Pump	<input type="checkbox"/> 1.5kW VSD Pump

Installation information

Please confirm the following:

Is the pump housed inside a pump cover Yes No

Does the pump have its original plug Yes No

Claim summary

Describe the problem with the pump:

In order for us to process this claim we require the following to be submitted with this form:

- Photo of the pump (to confirm the condition)
- Proof of purchase

Claim information

Office Use Only

Pump Warranty Claim Form

Office use only

Claim number:

Is the pump within the 1-year warranty period?

Yes No

Have all the required supporting documents been provided?

Yes No

Was the pump installed/used as per the warranty requirements?

Yes No

If no for any of the above please elaborate:

Is this a valid claim?

Yes No

If no, please elaborate:

Recommendation

Repair Replace Date of recommendation

JoJo sales representative

AQS technical representative

Factory production manager

National production manager

Claim details

Has the pump been booked in?

Yes

No

GOB number

Pump classification number

Name of person handling claim

Invoice number

Guidelines for repairs