Claim report

Please read quality guidelines before completing the report

From: _____ **Date:** _____

VSG order no.: _____ **Product.:** _____

VSG invoice no.: _____

Quantity: _____ **Position no.:** _____ **Dimension:** _____ mm
_____ _____ _____ mm
_____ _____ _____ mm
_____ _____ _____ mm

Claim address: _____

_____

Claim description: _____

_____

_____

_____

Checked by: _____ **date:** _____

Photo sent: **yes:** ☐ **no:** ☐

Claim cheked according to Quality guide lines **yes:** ☐ **no:** ☐

Text in the mark on the glass: _____

If new delivery adress state here:

_____

_____

_____

Signature - approved claim:

_____

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