

# Claim report

Please read quality guidelines before completing the report

From:  Date:

VSG order no.:  Product.:

VSG invoice no.:

Quantity:	<input type="text"/>	Position no.:	<input type="text"/>	Dimension:	<input type="text"/>	mm
	<input type="text"/>		<input type="text"/>		<input type="text"/>	mm
	<input type="text"/>		<input type="text"/>		<input type="text"/>	mm
	<input type="text"/>		<input type="text"/>		<input type="text"/>	mm

Claim address:

Claim description:

Checked by:  Date:

Photo sent:                                  yes:                                   no:

Claim checked according to Quality guide lines    yes:                                   no:

Text in the mark on the glass:

If new delivery address state here:

Signature - approved claim:

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