KONGSKILDE WARRANTY CLAIM FORM

Submit completed forms and all supporting documents to: KNA-Warranty@kongskilde-industries.com

Claim Submitted By:	Customer	Dealer	Regional Sale	s Manager	Other:
Company Name:					
Contact Person:					
Phone Number:					
Email Address:					
Shipping Address:					
Grain or Industry:					
Part Number:					
Product Name:					
Kongskilde Serial No.:			· · · · · · · · · · · · · · · · · · ·		
Order Number:					
Customer No. and Nar				_	
Installation Country:					
Invoice Number:					
Summary of Prior Discussions:					
					
Hours in Service:				Description	
of Failure (Voltage, Cu	rrent, Substand	ce, etc.):			
Breakdown/Urgency (F	Production Stop	? Yes	No		
Environment (Inside/O	utside, Temp, I	Humidity, Ch	nemicals):		
Replacement Order No.:				 _ Return	
Goods (If no, approval	needed):	'es No			
Other Comments:					
Attachments Checklist:	Proof of P	urchase	Photos Do	cs	

Important Warranty Terms (Please Read)

- All parts must be preserved for 60 days after submission. Kongskilde may request failed parts to be returned for inspection.
- Kongskilde reserves the right to deny warranty coverage if:
 - The part has been modified in an unqualified manner.
 - The part is obsolete or no longer available.
- Warranty covers defects in materials or workmanship for 12 months from the date of purchase by the end user. Proof of purchase may be required to validate the warranty.
- Kongskilde may choose to repair or replace the failed product. Labor coverage, if approved, may be:
 - · Provided directly by Kongskilde, or
 - Reimbursed to the dealer or customer at prevailing warranty labor rates in your area.

IMPORTANT:

Incomplete submissions may delay processing. Please ensure all fields are completed and necessary documents/photos are attached.