

This form provides critical site details relevant to the quick and efficient replacement of your warranty service claim. Once you have completed the form, please sign, date and return it to: warranty@shine-on.com.au.

Expectations concerning site access and other critical processes and requirements need to be understood prior to commencement.

1. SITE DETAILS

- a. Company name _____
- b. Site name _____
- c. Install ID _____
- d. Invoice number _____
- e. Order date _____
- f. Installed date _____
- g. Pick up/ delivery address _____

2. PRODUCT

Model code	Batch code	Area Installed	Installed qty	Fault qty	Faulty date	Fault description

3. SITE CONTACTS AND COMMUNICATION

a. Please provide the full list of site contacts relevant to the delivery of the project.

Full name	Position	Relevant site area	Mobile	Email

4. STOCK UNLOADING

- a. Is there a scissor/boom lift available if required? Yes No
- b. In the absence of a scissor lift/boom lift is there someone on site who can assist to receive access hire? Yes No

Please provide name and contact number: _____

- c. Are there any particular times or dates that you require the product replacement? Please be specific.
7am to 3pm
9am to 5pm
Other, please specify: _____ to _____

5. CONFIRMATION FROM AUTHORISED REPRESENTATIVE

By signing below, I confirm that I agree that the contents of this form are true and correct and will update my Shine On Project Coordinator with any updates to the information provided.

Signature over printed name _____

Date _____

Important Notice:

1. Warranty claims will not be processed until all required information is provided.
2. Please attach all relevant onsite and product photos that may assist in determining the outcome of your claim.
3. Please refer to the warranty terms and conditions at shine-on.com.au/terms.