



# SUBMIT NEW CASE

Emergency: Contact Immediately

Contact during business hours

## Client Information

(Primary Contact) Name: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## Project Information:

Report Type and Preference:

Verbal

Electronic(PDF)

Bound

Unbound

Claim Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Address of Loss Site \_\_\_\_\_

City \_\_\_\_\_

\_\_\_\_\_

Contact Person at Site \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Other Important Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Product Information:**

Item Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of separate parts sent: \_\_\_\_\_

Brand or Manufacturer\* \_\_\_\_\_ Model\* \_\_\_\_\_

Serial Number \_\_\_\_\_

From what location was part collected: \_\_\_\_\_

Date of Collection \_\_\_\_\_

Place of Purchase \_\_\_\_\_ Phone \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_