



## CLAIM / ASSESSMENT FORM

**Company Name:** \_\_\_\_\_ **Your Customer name (if different)** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **Your Customer address (if different)** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Your Customer Contact No:** \_\_\_\_\_

**Returns Policy: Claims will only be considered if the procedures below have been correctly followed.**

1. All returns must have been agreed with Kettle Interiors Agencies Ltd.
2. All returned items must be complete and correctly packaged.
3. Please complete all the information requested below and reasons for claim. Email photographs to support your claim.

Qty	Product Code	Product Description	Description of Fault	Invoice Number	Batch Number (found on box)	P

**To Report Claim      Please e-mail or Fax this completed form to:**

**customerservices@kettleinteriorsagencies.com or 01536 444961**

Name of Person Reporting Claim: ..... Position:.....Signature:.....

Date: .....

**Office Use Only:**

Claim number issued

Date