



145, Rue de Cessange L-1321 Luxembourg Tel: (352) 48 44 22 Fax: (352) 40 29 79 Email : info@daleiden.lu

NOTES FOR COMPLETION OF THE CLAIM FORM

Please try to complete the claim form with as much detail as you can. In certain circumstances we may appoint a loss adjuster to review your claim.

Listed below are some guidance notes to help you complete this form :

- ❑ **File Number** : this number is at the top of your invoice.
- ❑ **Telephone Numbers** : Please let us know your phone number and/or an e-mail address so that we can contact you quickly should we have a query about your claim.
- ❑ **Packing list Number** : Insert the number corresponding to the damaged item out of your packing list.
- ❑ **Cause of damage or loss** : In order that we can improve our quality and service, please indicate the cause of damage or loss with the list shown below :

| | |
|----------------------|----------------|
| Denting/Chipping (1) | Scratched (2) |
| Wattage (3) | Fire (4) |
| Non Delivery (5) | Breakage (6) |
| Stained/Marked (7) | Total Loss (8) |

Disposal of damaged items : Please do not dispose of any damaged items because we may wish to inspect them.

You should send your completed claim form to :

A. DALEIDEN Sàrl
Attn : Claim Department
145, rue de Cessange
L-1321 Luxembourg
Fax : +352 40 29 79
E-mail : info@daleiden.lu

Your complete claim including all justification should be made available at the latest within 15 days after delivery