



# Claims Form (Template)

## Client Identification

Company Name:

Company ID (IČO):

## Contact Person for Claim Resolution

Name and Surname:

Email:

Phone:

## Description of the Claimed Defect

**Date and Time the Defect was Discovered:** *(Please provide the most accurate time possible)*

**Detailed description of how the defect manifests:** *(Please state the steps that led to the error, any error messages, and attach screenshots if possible. The more detailed the description, the faster we can resolve the complaint.)*

## Proposed Claim Resolution

*(e.g., repair, price discount)*

In [City], on [Date]

.....

**Name and Signature of the Client's Authorised Person**