

WARRANTY CLAIMS



All sections marked with an asterisk (*) must be completed for the claim to proceed. A copy of the product's invoice must be attached.

CLAIMANT INFORMATION

Claimant Name* Business Name*
Contact Number* Date Reported

HOIST OWNER INFORMATION

Contact Name* Business Name*
Contact Number* Mobile Number
Street Address*
City* State* Postcode*

PRODUCT INFORMATION

Product Make & Model* Serial Number*
Installation Date* Date last Service/Inspection*
Installer* Service Technician*
Fault Reported*

Has this fault been reported and repaired since installation? Yes No

Parts Required

PARTS DELIVERY INFORMATION *(If different to hoist owner information)*

Contact Name* Business Name*
Contact Number* Mobile Number
Street Address*
City* State* Postcode*

CLAIMANT DECLARATION

I hereby declare that the above information is true, correct and complete to the best of my knowledge and believe that I have complied with all the conditions of warranty.

Claimant Signature Date

Warranty Authorisation Date



Send completed Warranty Claim form to:
warranty@stenhoj.com.au

**Molnar may require evidence of maintenance to process a claim.*

T: 08 8234 3611 or 1300 MOLNAR (within Australia)
F: 08 8234 4322
E: warranty@stenhoj.com.au
www.molnarhoists.com.au

Lifting the Level