

# 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](mailto: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](mailto:warranty@stenhoj.com.au)  
[www.molnarhoists.com.au](http://www.molnarhoists.com.au)

*Lifting the Level*