

# Claim request form



If the item was purchased indirectly, please contact your dealer.

Complaints are to be notified in advance by sending an e-mail to the address: [claim@ivar.it](mailto:claim@ivar.it)

Client's information	
Company	
Adress	
E-mail contact	
Telephone	

Product's information			
Invoice N°		Date	
Product code IVAR S.p.A.		Client code	
Defective quantity		Ordered quantity	

<b>Product Description</b>	
----------------------------	--

<b>Proplem Description</b>	
----------------------------	--

<b>Terms of use</b>	
---------------------	--

*(pressure, flow, operating temperature, etc.)*

Request of damages	YES	NO

Please bear in mind that any damage caused by one of our products, presumably faulty, must be notified within 24 hours after it has occurred. It is mandatory to provide detailed photographic evidence of the faulty item and of the damage caused before undertaking any remedial action.

Estimated damage	
Final client	
Date of implementation	
Collocation	

Non-compliant items must be returned to the following address:

## IVAR S.p.A.

Att. Quality control  
Via IV Novembre, 181  
25080 Prevalle (BS) - Italy

Please note that, with regard to the validity of insurance coverage, the item must be returned in its original and functioning state for installation, with no subsequent tampering or changes.