

## CLAIM FORM | SUNPAN

We wish to apologize for any inconvenience you may have experienced with our Sunpan products and will do our best to service your claim as quickly as possible.

In order to do so, please carefully follow the instructions outlined below.

Instructions and Checklist for Filing a Claim:

- All freight and manufacturer defect claims must be submitted to Sunpan within 10 business days of receipt of goods.
  
- It is the customer's responsibility to preserve the packaging and products for all damaged goods. In addition, any visible freight damage upon delivery should be inspected in front of the driver and documented on the delivery slip.

Please compile and submit the following to [claims@sunpan.com](mailto:claims@sunpan.com):

- A claim form with all applicable fields completed
- Digital images of product damages
- Digital images of carton box with the Sunpan Production # (shown as Sunpan PO#)
- Digital images of carton damages (if applicable)
- A copy of the delivery slip or document

All submitted claims will be reviewed promptly by our Claims Department. You will be contacted within 48 hours (or the next business day) with a resolution.

Please note that failure to include sufficient supporting documents and images may delay the conclusion of the claim.

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### A. GENERAL INFORMATION

ALL APPLICABLE FIELDS MUST BE FILLED IN TO PROCESS YOUR CLAIM.

Submit all completed forms with digital images to [claims@sunpan.com](mailto:claims@sunpan.com) within 10 days of receipt of goods.

Date Claim Filed: \_\_\_\_\_ Date Freight Received: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Sunpan Sales # / Purchase Order #: \_\_\_\_\_  
Sales / Customer Service Representative: \_\_\_\_\_  
Tracking # / Delivery Receipt #: \_\_\_\_\_

### B. SHIPPING INFORMATION

Please indicate ship to address . If left blank, products and/or parts will be sent to original ship to address.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province / State: \_\_\_\_\_  
Postal/ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### C. DESCRIPTION OF CLAIM(S)

Document below only claims listed on the invoice or purchase order for which this claim is being filed.

Sunpan Item #:	Qty:	Claim Type:	Description of Claim:
<input type="text"/>	<input type="text"/>	<input type="radio"/> Shortage <input type="radio"/> Damage <input type="radio"/> Missing Part	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Shortage <input type="radio"/> Damage <input type="radio"/> Missing Part	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Shortage <input type="radio"/> Damage <input type="radio"/> Missing Part	<input type="text"/>

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