

## WARRANTY CLAIM FORM

(Please refer to the Distributors parts/components and labour Warranty policy for details of obligation and limitations to the policy.)

**Before submitting a warranty claim the following must be checked first:**

- Power and water connected and turned on;
- The drain pipe is clear of all blockages;
- The air filter, condenser and sensors are clean from dust and blockages;
- The machine is not installed in a closed cupboard;
- The machine has an allocated position that is cool and well ventilated;
- No items have been placed around the machine restricting air flow;

Please complete the form in **FULL** and return it along with **PROOF OF PURCHASE** in the form of a **TAX INVOICE** to Scotsman Ice Systems by  
Email to [claims@scotsmansa.co.za](mailto:claims@scotsmansa.co.za) or Fax to 011 826 4123 / 086 542 6440

	<b>DATE OF CLAIM: -</b>
<b>NAME OF DEALER / END USER APPLYING FOR WARRANTY</b>	
<b>CONTACT NAME AND NUMBER OF DEALER WHO SUPPLIED MACHINE</b>	
<b>MODEL NO. OF MACHINE</b>	
<b>SERIAL NO. OF MACHINE</b>	
<b>DATE OF INSTALLATION OF ICE MACHINE</b>	
<b>NAME OF OWNER OF MACHINE (End user / Original customer of dealer)</b>	
<b>ADDRESS WHERE MACHINE IS IN OPERATION</b>	
<b>CONTACT PERSON AND PHONE NUMBER, WHERE MACHINE IS IN OPERATION</b>	

- I have read the above information before proceeding with the warranty claim. I also confirm that I have read and understand the attached Scotsman Warranty Policy and accept the terms and conditions as stipulated.
- Warranty covers faulty parts and the labour associated with the replacement of the faulty parts only.
- Anything that falls outside the terms set forth in the Scotsman Warranty Policy is considered non-warranty and will be chargeable; this includes **transport** and **travelling** to and from location.
- By signing** you are agreeing to our terms and conditions in full and accept full responsibility for payment of service calls / work / transport or travelling done that falls outside the terms set forth in the Scotsman Warranty Policy.

NAME AND SURNAME OF DEALER /END USER or CLAIMANT'S AUTHORISED REPRESENTATIVE.	SIGNATURE	DATE
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