

COMPLAINT FORM

Please provide your reference number to ensure traceability. Clearly describe the issue, and feel free to attach pictures or videos to expedite the processing.

Your reference number *

Contact person *

Machine owner *

Email *

OQ product* (E.g. Machine attachment or tiltrotator)

Serial Number* (See nameplate or CE document)

Damage Date *

Delivery Date

Operating Hours

Detailed Error Description *

Attached Media: ☐ Images ☐ Video

Claimed items:

ITEM NUMBER	QUANTITY*	DESCRIPTION *
Order number:		

Description of own actions:

Desired action: ☐ Repair ☐ Replacement ☐ Refund

Worked Hours

Hourly rate

Travel time

Hourly rate

Travel distance (km)

Price/km

Carefully package the returned goods and attach the complaint form. Clearly label the goods with the reference number and send them to:

OilQuick AB, Hede-Finnflovägen 10
824 31 HUDIKSVALL, SWEDEN

Send digital form to:
Claims@oilquick.com