

GDNZ INVOICE #:

GDNZ ACCOUNT #:

WARRANTY CLAIM REPORT
ALL CLAIMS MUST BE SUBMITTED WITHIN 30 DAYS

1. OWNERS DETAILS
NAME:
ADDRESS:
CITY/TOWN:
CONTACT PH:
SIGNATURE:

2. MASPORT UNIT DETAILS
MODEL:
TYPE OF UNIT:
SERIAL NUMBER:
DATE FAILED:
PRIVATE / COMMERCIAL USE (CIRCLE ONE)

3. SALES DETAILS:
PURCHASED FROM:
ADDRESS:
CONTACT PH:
DATE OF PURCHASE:
DATE OF INSTALLATION:
CONTACT PERSON:

4. WARRANTY TO BE UNDERTAKEN BY:
SERVICE AGENT:
ADDRESS:
CONTACT PH:
DATE OF REPAIR:
NZHH CERTIFICATE #/ GAS REG #:
CONTACT PERSON:

5. BASIS FOR CLAIM:

6. PARTS REQUIRED:	QTY:	PRICE \$:	TOTAL \$:	GDNZ INVOICE #:
PARTS TOTAL COST EXCL GST:				

7. WORK PERFORMED: (ATTACH COPY OF JOB SHEET)	JOB NO:	HOURS	MINS
QUOTE / INVOICE TOTAL COST EXCL GST			

NOTE:
MUST BE SUBMITTED AS PER GLEN DIMPLEX'S INSTRUCTIONS WITHIN 30 DAYS FROM DATE OF REPAIR, OTHERWISE CLAIM MAY BE REJECTED. RETAILERS INVOICE INCLUDING DATE OF PURCHASE MUST BE ATTACHED

GAS PRODUCTS ONLY:
ENSURE YOU HAVE COMPLETED THE GAS APPLIANCE CHECK SHEET OVER LEAF

**PLEASE COMPLETE AND RETURN TO:
0800 11 2020 / SALES@GLENDDIMPLEX.CO.NZ**

Glen Dimplex Gas Appliance Check Sheet

This form must accompany all Gas appliance warranty claims and must be completed in full otherwise it will be returned-unprocessed.

Fill in only those readings which apply to the valve in use.

Millivolts Readings at:	Reading is:
TH/TP-TP <i>Pilot only</i>	
TH/TP-TP <i>Burner On</i>	
TH/TP-TH <i>Burner On</i>	
T Couple <i>Pilot Lit</i>	

Air Shutter Setting:	=
Log/Ember set correctly:	Y / N (<i>circle one</i>)
Gas Pressure reading:	
- <i>Manifold (outlet)</i>	=
- <i>Line (inlet)</i>	=
Ohms:	
TH/TP-TP	=
TP-EPU Wire	=
ECS set up	Y / N (<i>circle one</i>)
Polarity check	Y / N (<i>circle one</i>)
DV flue sealed with supplied Mill Pack	Y / N (<i>circle one</i>)
Owners Manual left with consumer	Y / N (<i>circle one</i>)