Product Liability Claim Form

Claimant Information

Full Name
Address
Phone Number
Tione Number
Email
Product Information
Product Name / Model
Treduct Valle / Medel
Serial / Batch Number
Purchase Date
Place of Purchase
Incident Details
Date of Incident
Description of Incident
Description of Damage or Injury
Supporting Documentation
Attach Files (photos or documents)
Choose File No file polested
Choose File No file selected
Claimant Signature

Date																								