



**SUNPAN**  
**MODERN HOME**

## DAMAGE CLAIM FORM

Date: \_\_\_\_\_

Company Name	Customer Account Number
Contact Person	Sunpan Invoice Number
Fax Number	Customer P.O. Number
Phone Number	Date Received in Store

### ITEM(S) DAMAGED

Item Number	Claim

### ACTION REQUESTED

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Note that all damages must be accompanied by digital photographs. Please fax this completed form to 416-736-0098 and email the digital photographs to [info@sunpanimports.com](mailto:info@sunpanimports.com).

**sunpanimports**