



Claim Form

No. _____

Claimant Company Name _____

Claim Information

PI #
(if any)

PLI #
(if any)

Detail Description of Damage	Code Ref	Total Claimed Qty

Claimant hereby certifies that the foregoing statement of facts is true and accurate

Signature

Date

Pls return the completed form and required proof of photo

Our warranty is provided in term of workmanship and production quality , and natural stone cracking which is very obvious upon fast observation

BATI Internal Only

Claim Amount	Approved by	
Note	Position	Date