



CUSTOMER SERVICE REQUEST FORM

Date Submitted:

TYPE OF ENQUIRY
Please tick relevant box

SERVICE / SPARE PARTS

Please complete sections
A and B

WARRANTY CLAIM

Please complete sections
A and C

INSURANCE CLAIM

Please complete sections
A and D

*Please note: No work can be undertaken without prior approval in **writing** from Supreme Caravans PTY LTD confirming the complete scope of work. * Any additions to the scope of work after approval has been given will need another service request form completed and new CSRN number issued.*

SECTION A: DETAILS

Please ensure ALL areas are completed to avoid delays with processing your request.

Chassis number		This is located on the A Frame near the coupling.	
Make and Model of van			
Dealer Name		Date of purchase	
Customer full name			
Customer address			
Customer contact phone number:			
Customer contact email:			
Current location of caravan (address)			

SECTION B: SERVICE / SPARE PARTS DEPARTMENT

Description of service / spare parts requirements

All correspondence and photographs to be emailed to : servicevic@supremecaravans.com.au

SECTION C: WARRANTY CLAIM

Please ensure all areas are completed and full details of work required are listed to avoid delays with your request.

Description of Issue

SERVICE HISTORY:

Provide evidence that all required services have been completed according to maintenance schedule

PHOTOGRAPHS:

Digital photographs need to be attached, where possible provide context to the description above

QUOTATION FROM REPAIRER:

If you have received an independent quotation for any work, please attach this to your email.

All correspondence and photographs to be emailed to : warranty@supremecaravans.com.au

SECTION D: INSURANCE CLAIM

Please ensure all areas are completed and full details of work required are listed to avoid delays with your request.

INSURER DETAILS:

CLAIM NUMBER:

REGISTRATION NUMBER:

EXCESS (if applicable) & AMOUNT:

Description of scope of work required:

All correspondence and photographs to be emailed to : servicevic@supremecaravans.com.au

OFFICE USE ONLY:

Customer Service Reference Number

CSRN:

CSRN ALLOCATED

DATE:

NAME:

COLOUR CODE ALLOCATED:



VAN BOOKED IN:

DATE IN:

...../...../.....

EXPECTED COMPLETION DATE:

DATE OUT:

...../...../.....

CUSTOMER NOTIFIED VIA EMAIL OF APPROVAL
OR STATUS OF CLAIM:

DATE:

NAME:

COMPLETED FORM FORWARDED TO:

(Details of which department/person it was sent to)

DATE:

NAME: