

Please fill out the form as complete as possible to help us process your claim as fast as possible.

Personal data

Company/ Acct. No. *	:	
First name, last name	:	
Street	:	
Postal code, City	:	
Country	:	
Phone number	:	
Email	:	

Product data

Serial number **	:	
Description	:	
Date of purchase	:	
Dealer ***	:	
Place of flight	:	
Date of flight	:	
Windspeed during flight	:	

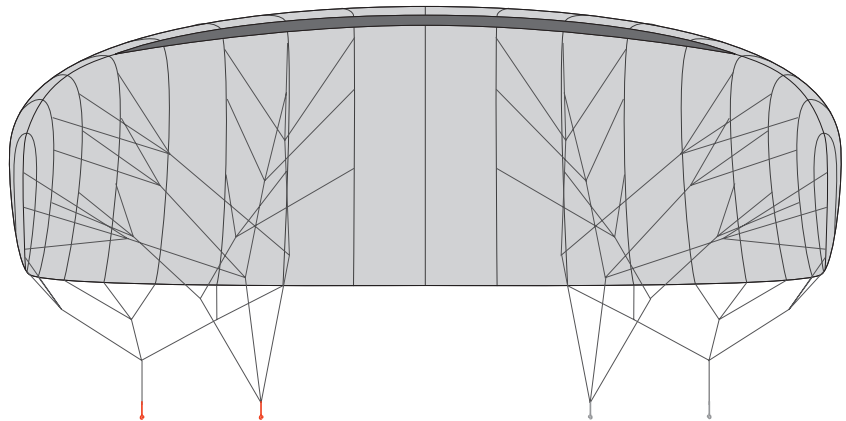
Additional

Number of flight hours	:	
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Please describe the damage and mark the location of the damage on the image below:

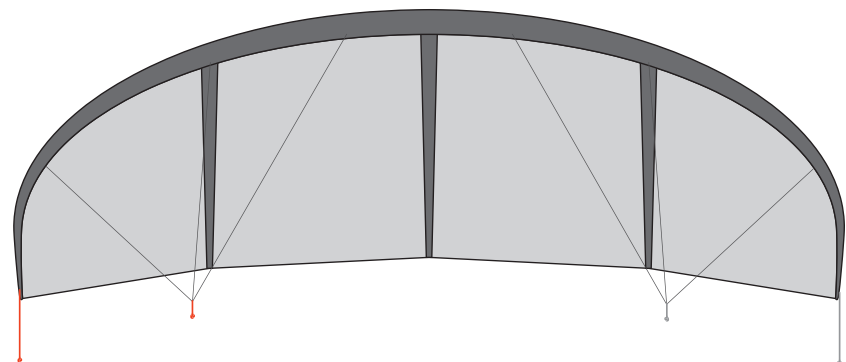
Location of damage/issue:

- Bridle
- Cell
- Connection point
- Left side
- Right side



Location of damage/issue:

- Leading edge
- Bridle (point)
- Canopy
- Left side
- Right side



Fields below to be filled out by Peter Lynn employee

Date	:		Name	:	
Repair number	:		Warranty Y / N	:	
Repair option	:				