

## RECLAMATION FORM

In case of a claim please fill the form below to register it by our claim department.  
After filling it, please send it to our claim manager at [aare.lessuk@betoonelement.ee](mailto:aare.lessuk@betoonelement.ee)

Date:	
Customer:	
Site:	
First name and surname:	
Phone/Mobile:	
Email:	

**Element type:**

- hollow core slab
- wall element
- column, beam
- stair
- ceiling element (TT, STT, HTT)
- bridge element
- Foundation element
- floor element
- retaining wall element
- balcony

**Deviation category:**

- transport
- assembly
- element geometry
- inserts
- holes
- kitting
- visual
- other

**Element ID** (specify the exact name of the element):

**Describe the issue** (what was wrong):

**Possible solution** (please describe your preferred solution and the solution urgency):

**Please include pictures when sending!**

Thank you!