# Warranty Application Form

## Purpose

This Warranty Application Form is to be completed by Resellers or End Customers who wish to report a manufacturing defect and apply for a Warranty Claim for an SMM Steel Canopy. End customers should consult first with the Reseller who supplied the canopy for preliminary advice prior to completing this application.

## Conditions

This form is to be used in conjunction with the terms and conditions contained in Sammitr Manufacturer’s Warranty for SMM Steel Canopies.

This form should **not** be used if the defect in product has been caused or contributed to by a failure to properly:

(a) use the *Product* in accordance with the recommendations and instructions, and the capacity and operating limitations, specified for the *Product* in any documentation provided (including electronically) to *Customer* at any time; or

(b) care and maintain the *Product* including (but not limited to) complying with the *Care and Maintenance Instructions* described in the Attachment to this *Warranty*, including any care and maintenance instructions specified in any documentation provided (including electronically) to *Customer* at any time.

This *Warranty* will not apply if the claimed defect in the *Product* is caused by or is attributable to:

(a) installation of the *Product*;

(b) incorrect fitment or adjustments;

(c) normal wear and tear of the *Product*;

(d) any *Modification* of the *Product*;

(e) use of non-genuine *SMM* components in the *Product*;

(f) any damage incurred during transportation or handling of the *Product* (as a precaution a *Customer* may purchase insurance, at their own cost);

(g) unusual or improper use, or negligent use or misuse of the *Product*;

(h) racing or competition use;

(i) any accident;

(j) strenuous or extreme off-road use of the vehicle on which the *Product* is installed;

(k) alterations, tampering or modification to the original factory design of the *Product*;

(l) use of the *Product* on vehicles with modifications not approved by *SAMMITR*;

(m) removing or defacing of the *Product*'s serial number;  
(n) paint or seal damage due to high pressure washes;

(o) paint scuffing on any part of the vehicle caused by the *Product*;

(p) paint damage due to bird droppings or chemical agents;

(q) minor paint shade variations as the *Product* is colour coded and not colour matched – variations in paint colour and shades exist in vehicles with the same colour code;

(r) driving the vehicle with canopy windows or doors open;

(s) surface rust or minor surface cracking (as this does not constitute a structural defect);

(t) fuses and light globes;

(u) loading of the *Product* with weights in excess of that specified by *SAMMITR* in any documentation provided (including electronically) to *Customer* at any time (100kg for roof on canopies);

(v) use of the *Product* after the defect is known;

(w) damage caused by theft or by moving objects striking the vehicle (including inside the vehicle);

(x) damage as a result of towing;

(y)damage caused by industrial fallout including chemicals or sealants;   
 (z)fire, flood, lightning or other acts of G-d;

(zz) damage caused by atmospheric fallout including hail and salt; or

(zzz) repossession under financing agreement

All documentation against a warranty claim such as labour costs must be included in the initial warranty claim as a quote for labour. All labour quotes will be reviewed to ensure they are reasonable (max. $80.00 p/h) and will be processed against your warranty claim. Any labour quotes reported after the warranty claim is closed, will not be accepted.

## Warranty Claim Application Details

To apply, please complete the application below and ensure that all relevant documentation is provided.

|  |  |
| --- | --- |
| \*Copy of Proof of Purchase (Receipt) |  |
| \*Quote for Repair (if applicable) |  |

### Applicant Details

|  |  |
| --- | --- |
| \*Date of Application: |  |
| \*Name of Reseller:  *(Company that sold canopy to end user)* |  |
| \*Name of End User Customer: |  |
| \*Contact number of End User Customer: |  |
| Email address of End User Customer: |  |
| Address of End User Customer: |  |

### Product Details

|  |  |  |  |
| --- | --- | --- | --- |
| \*Date of Canopy Purchase |  | \*Canopy Model Code  *(Eg DCV22FR11-A2W)* |  |
| \*Date Defect First Detected |  | \*Canopy Serial Number |  |
| \*Has your canopy ever been re-painted? |  | *(located near canopy rear door internal handle)* | |

### Vehicle Information

|  |  |  |  |
| --- | --- | --- | --- |
| \*Vehicle Make: | \*Vehicle Model: | | \*Vehicle Year: |
| \*Vehicle Registration: | | VIN number: | |
| \*Vehicle Mileage at Original Installation: | | | |
| \*Vehicle Mileage at Time of Warranty Application Inspection: | | | |

\*Vehicle usage by percentages (%)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Short distance (city, country)** | **Long distance (Interstate)** | **Off-Road (Trips)** | **Off Road (Sports/Adventures)** | **Other** |
| % | % | % | % | % |

\*Do you or have you had any accessories fitted onto your canopy? If yes, please fill in the below section:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of product** | **Model Code** | **Manufacturer** | **Standard weight load** | **Fitted Date** | **Fitted by** |
|  |  |  | kg |  |  |

\*In the last 6 months, was your vehicle used for a long trip (over 1 month)?

No

Yes  If yes, please comment on the duration of the trip:

\*In the last 6 months, was your vehicle used for Off-Road conditions or on corrugated roads?

No

Yes

\*Has your vehicle changed ownership since your SMM canopy has been fitted?

No

Yes

\*Has your vehicle ever been involved in any kind of collision?

No

Yes

### \*Description of Defect

Please describe in detail, the nature of the manufacturing related defect in the space below. Enter detailed description of defect on this page.   
  
**IMPORTANT - Please include photographs or illustrations identifying the defect and location of defect.**

|  |
| --- |
|  |

\*Please attach any photographs and illustrations showing clearly the defect and affected area.  
*(Copy and paste photographic evidence below)*

**Submission of Application**

Preferred:

Please email all applications to [support@sammitr.com.au](mailto:support@sammitr.com.au)

Mailed applications may be returned to:

10 Greens Road Dandenong, Victoria 3175 Australia

### SAMMITR Office Use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Received by (Name): |  |
| Application Check: |  | Review Date: |  |
| Action: |  | | |
| Notes: |  | | |
| ID. Number: |  | | |