

REQUEST FOR WARRANTY / MAINTENANCE CLAIMS

DATE:	BUILDING NAME:		
APT #	ADDRESS:		
CONTACT INFORMATION:			
NAME:			
please tick applicable:	Owner: / Tenan	: / Managing Agent:	/ Body Corporate:
PHONE #			
EMAIL: APARTMENT ACCESS DETAILS:			

Note: upon request access must be provided within 10 working days of the claim being submitted or the claim will no longer be valid. Inspections / works are to be scheduled Monday – Friday ONLY between 7:00am – 4:30pm.

DETAILS OF CLAIM: Submit 1 Form per item - IMAGES MUST ACCOMPANY FORM.

IMPORTANT NOTICE: A call out fee of \$175.00 for the first hour, and \$110 per hour thereafter for any requests that are not considered to be a warranty or defect issue will apply. If a call out fee has been charged due to a request not being a defect, please note that further call outs will not be made until payment has been received in full for any outstanding call out fee.

<u>APPLIANCE ISSUES</u> are to be referred to the **SUPPLIER** – please refer to your apartment manual.

TERMS AND CONDITIONS

- A minimum of one(1) image and maximum of five(5) images to accompany each form
- One(1) claim must be submitted for each maintenance/defect request
- Claims must be submitted within time frame nominated in contract of sale or maintenance manual
- Access must be provided within 10 working days of the claim being lodged or upon request by CE or a relevant party of the claim will no longer be valid
- Inspections and works are to be scheduled Monday Friday between 7:00am 4:30pm
- Appliance issues are to be directed to the manufacturer's service department
- You have read the owner's manual prior to lodging the claim
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- If a specialised trade is requested to attend site they will issue invoices direct to the person requesting the call out at their standard minimum call out rate.

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Please complete all fields on this form and forward to <u>service@hamiltonmarino.com.au</u> along with any photos depicting the issue and someone will call to arrange a time for an inspection

APARTMENT NUMBER:

EXACT LOCATION OF DEFECT:

DESCRIPTION OF DEFECT:

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