



PO Box 680
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 Unit 1/11 Gateway Court
 COOMERA QLD 4209
 ABN: 11 596 998 716
 Email: info@wickedwheelchairs.com.au
www.wickedwheelchairs.com.au

WARRANTY CLAIM FORM

Customer Details	
Client Name:	Date of Claim:
Address:	Description of Product:
Phone:	Serial Number:
Email:	Date of Purchase:
Therapist Name & Phone (if applicable):	NDIS Number (if applicable):
Details of claim:	

IMPORTANT

- We will be unable to process your claim if this form is not completed in full.
- Please ensure all parts are returned to Wicked Wheelchairs along with this warranty form and a copy of the original invoice.
- Warranty conditions are as per the manufacturer's warranty policy and Wicked Wheelchairs warranty policy.

Office Use Only	
Date received:	Approved: YES / NO
Staff member:	Date Client Contacted:
Action Required:	