Insurance Claim Note

Customer Name & Data:	Date:
The Course of Occurrence: (include volume, delay, damage,storage etc.)	Invoice No.
Shipment Conditions & Carrier:	Tracking No.
Conditions of Replacement:	

Date:	Actions:

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Kem-En-Tec Diagnostics A/S
CVR: 2580 6735

Kuldyssen 10
DK-2630 Taastrup
Denmark

Tel.: (45) 3927 1771
Fax: (45) 3920 0178

E-mail: support@kem-en-tec.com
www.kem-en-tec.com