

CLAIM FORM

Pick up must be registered with this form at BMZ by email or fax

Delivery address:
BMZ GROUP
E-Bike Service Center
Am Sportplatz 15-17
63791 Karlstein

Telephone: 0049 6188 / 9956 9833
Fax: 0049 6188 / 9956 699
Email: cs.ebike@bmz-group.com

Return to:

Contact person:
Telephone:
Email:
Customer claim no.:
Opening hours:

The above mentioned forwarder provides the following article for checking to BMZ Group

Mandatory fields - to ensure a fast checking, please fill in each field of the form

Article Number Battery:

Serial Number Battery:

Production: (YY/MM)

→ only valid with original proof of purchase! (Copy)

Status of the battery

used

new

Serial No. →

Year of
manufacture →

Art. No ↑

Lithium-Ion Battery
10S4P NCR18650A

Nominal Voltage: 36 V
Energy 446 Wh
Capacity: 12.4 Ah
S/N: 5485

Safety advices for Lithium-Ion batteries
Don't crush. Don't heat or incinerate. Don't short-circuit. Don't dismantle. Don't immerse in any liquid it may vent or rupture.
Respect charging instructions
Charge 0 to 50°C Discharge: -10 to +60°C
Made in Germany
GEB 11-W28 / Art.: 14118-2 / F109085



www.bmz-gmbh.de

Detailed error description

Please select failure from this list

Blank area for detailed error description.

- Safety pin broken
- No communication
- Lock damaged / key lost
- Not possible to charge / discharge
- Mechanical faults
- Housing broken
- Low Range
- Power not stable
- LEDs blink / LEDs without function

Pick up only in suitable "dangerous goods packaging" possible

Herewith we will accept the charges of € 45,00 + VAT, if it proof that the battery pack was without failure. This price includes the testing of batteries on the tester machine, the testbike and labor costs. (transport costs are not included in the price)

Wareneingang Datum:	_____
Menge geprüft:	Ja <input type="checkbox"/>
	Nein <input type="checkbox"/>
Qualität geprüft (Stichprobe):	Ja <input type="checkbox"/>
	Nein <input type="checkbox"/>
Freigegeben:	Ja <input type="checkbox"/>
	Nein <input type="checkbox"/>
Unterschrift Prüfer:	_____

Place, date, name in block letters, signature, firm stamp