

# MATTRESS

## Warranty Self-Assessment

**IMPORTANT:** This form is required to evaluate the nature of your claim.

Please complete ALL sections A to E and ensure details are accurate and current. This will help speed up the process.

### Section A: Customer Details

Customer Name	Contact Number	Best Time to Call <input type="checkbox"/> Morning (8-11am) <input type="checkbox"/> Midday (11am-2pm) <input type="checkbox"/> Afternoon (2-5pm) <input type="checkbox"/> Evening (5-7pm)
Address	Alternate Number	
Suburb Postcode	Email	


### Section B: Product Details

Store of Purchase	Date of Purchase / /
Name of Product	Mattress Size <input type="checkbox"/> Single <input type="checkbox"/> King Single <input type="checkbox"/> Double <input type="checkbox"/> Queen <input type="checkbox"/> King
Invoice Number	What is the warranty period on your invoice?

### Section C: Care & Current Condition Report

Is the product clean & free of stains? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a mattress protector? <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
Have animals been on the product? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of use? <input type="checkbox"/> Everyday <input type="checkbox"/> Occasional (Guest Room)
What care products have been used?	Has the mattress ever been shifted in a house move? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often are they used?	At what frequency is the mattress rotated?

### Section D: Description of Issue

<input type="checkbox"/> Springs Protruding How many springs? _____	Describe Issue:     Indicate Affected Area with an X: 
<input type="checkbox"/> General Comfort <input type="checkbox"/> Too Hard <input type="checkbox"/> Too Hot <input type="checkbox"/> Too Soft <input type="checkbox"/> Too Cold	
<input type="checkbox"/> Fabric <input type="checkbox"/> Tearing <input type="checkbox"/> Fraying <input type="checkbox"/> Worn	
<input type="checkbox"/> Missing or Incomplete	
<input type="checkbox"/> Pillow Top Shift Measurement of Shift: _____	
<input type="checkbox"/> Sagging/Body Impressions/Foam Indentation Measurement of Sag: _____	
<input type="checkbox"/> Other	<b>PLEASE ALSO ATTACH PHOTO/S OF ISSUE TO THIS DOCUMENT WHEN SENDING.</b>

### Section E: Acknowledgement

I have completed sections A to E and have to the best of my knowledge provided accurate information.	On receipt of this form, a Customer Service Representative will assess your claim and contact you. For warranty issues, you will be contacted within 5 days to arrange an appointment. Please ensure you are available for the appointment to avoid incurring any service charges.
Signature _____	Date / / _____
<b>PLEASE RETURN THIS FORM WITH PHOTOGRAPHS VIA EMAIL OR MAIL TO YOUR STORE OF PURCHASE.</b>	

<b>Office Use Only</b>	Customer Ref No.	Date WA Form Sent / /	Date Form Returned / /	Action Taken
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