SLEEK WALLS
ACOUSTIC PANELS & WALL CLADDING

Sleek Walls Warranty Claim Form

Use for a claim under SW-WAR-01

Submitting this form does not itself establish warranty coverage. Further evidence or reasonable access for inspection may be requested.

Claimant name	
Installation address	
Postcode	
Email / telephone	
Supplying retailer	
Original purchase date	
Invoice / order no.	
Installation date	
Residential / Commercial	☐ Residential ☐ Commercial

1. Product Details

Panel décor	
SKU / product code	
Batch / lot no.	
Original quantity installed	
Approx. affected area / no. panels	
Room / wall area affected	

2. Nature of Claim

Date issue first observed	
Description of issue	
Has issue changed/worsened?	
Any leak / plumbing / building event?	
Cleaning / maintenance products used	

3. Evidence Attached

☐ Proof of purchase / retailer invoice.
☐ Close-up and room-context photographs of affected panels.
☐ Product/batch/carton identification where available.
☐ SW-FRM-WAR-01 Installation & Warranty Record where available.

☐ Substrate/preparation photographs.
☐ Adhesive application information/photographs.
☐ Joint, edge, corner and penetration sealing photographs.
☐ Wet-area detailing photographs where applicable.
☐ Installer invoice/details.
☐ Other technical reports or relevant correspondence.

4. Installation Information

Installer / company	
Substrate type	
Installed over existing tiles?	☐ No ☐ Yes
Substrate preparation	
Adhesive used	
Sealant used	
Wet-area / shower installation	☐ No ☐ Yes
Known leak / damp / plumbing issue	☐ No ☐ Yes - details: _____

5. Declaration

I confirm that the information supplied is true to the best of my knowledge and authorise Sleek Walls and its retailer/representative or appointed technical party to use the supplied information to assess this claim and, where reasonably necessary, arrange inspection.

Name	
Signature	
Date	

For Sleek / Retailer Use

Claim reference	
Date received	
Initial evidence complete	☐ Yes ☐ No
Inspection required	☐ Yes ☐ No
Verified affected area / panels	
Assessment / outcome	
Approved remedy (if applicable)	
Authorised by / date	