
#  CLAIM FORM BBHUGME PRODUCT

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|  **Claim Form** In order to evaluate the complaint, please fill out this bbhugme Claim Form. Try to **explain in detail,** as well as **adding images** illustrating the problem. *If you have purchased the bbhugme product through a retailer, please contact the point-of-purchase.* |
| YOUR INFORMATION  | Full name:  |   | Phone:  |   |
|  Address:   |    | E-mail:  |   |
| Postal code:  |   | City:  |   |
| Country:  |   |
| Order number:  |   |
| PRODUCT  | Product  | bbhugme Pregnancy Pillow + Colour: \_\_\_\_\_\_\_\_\_\_\_ bbhugme Nursing Pillow + Colour: \_\_\_\_\_\_\_\_\_\_\_ bbhugme Maternity Support belt bbhugme Cover (Pregnancy Pillow) + Colour: \_\_\_\_\_\_\_\_\_\_\_ bbhugme Cover (Nursing Pillow) + Colour: \_\_\_\_\_\_\_\_\_\_\_      bbhugme Pebbles + Colour: \_\_\_\_\_\_\_\_\_\_\_   |
|  Production batch no: Inner-pillow label, starting with PO XXXX:   |   |
|  Purchase date AND Order number   |   |

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#  CLAIM FORM BBHUGME PRODUCT

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|  DESCRIPTION OF CLAIM  |   Please provide detailed description of problem:   |   |
|  **Inner-pillow:** Has it been machine washed?   |   |
| **Cover:** Has it been tumbled dry, bleached or machine washed over (40°C/104°F)?  |   |
| **Maternity Support Belt:** Has it been tumbled dry, bleached or machine washed over (30°C/86°F)?  |   |
| SIGNATURE:  | Date / Signature:  |   |   |

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