

# 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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