

SEAWISE MARINE

SYSTEM WARRANTY CLAIM FORM

Customer Information

Name: _____
Contact Number: _____
Email: _____
Preferred Method of Contact: _____

Davit System

System Type: _____
Manual or Electric

Date of Purchase: _____

Place of Purchase: _____
Direct from SeaWise or from a Dealer

Serial Number: _____
Located on the front of the Transom
Assembly and the transom hinge

Claim Detail

Reason for Claim: _____

Claimed Component: _____

SeaWise Marine offers a 5 year warranty on all stainless steel components. In order to expedite the resolution of any issues related to your davit system, we ask that you send us photos of the reason for the claim as well as a picture of the installed system.

Please send completed form and supporting photos to
derek@seawisemarine.com

For support or questions, please call Derek at 604-946-0551 or
1-866-732-9473