

Warranty Spare Parts Claim



Claim No. :
 Date :DD.../...MM...../...YY.....
 Completed By :

Client information		Project information	
Company Name :		Project name :	
Address :		Applications: Apartment <input type="checkbox"/> Office <input type="checkbox"/> Hotel <input type="checkbox"/> others.....	
Authorization :		Project address :	
Tel : Fax.		AC purchase date : DD.../...MM...../...YY.....	
E-mail :		Project T&C date : DD.../...MM...../...YY.....	

Defected product information					
No.	Model Name	Serial No.	Complained problem discription	Trouble shooting and Solution	Amount
1					
2					
3					
4					
5					

Replaced parts information								
	Model name	BOM code	Qty.	Description(s) of Failure		Model name	BOM code	Qty.
Old Parts					New Parts			

picture of effected parts and machine name plate:

Picture and remarks

Comments of Owner

Service evaluation: Excellent Good Fair Poor

Signature.....Sender
 (.....)

Signature.....Receiver
 (.....)