



## BROWN & WHITE GOODS EXTENDED WARRANTY CLAIM FORM

### Service Centre Details

Service Centre Company Name	<input type="text" value="sam"/>		
Date	<input type="text" value="21/03/2018"/>	Service Centre Co. Fax No.	<input type="text"/>
Tel. No.	<input type="text"/>	Job Title	<input type="text"/>
Service Centre Contact Person	<input type="text"/>		

### Policy And Unit Details

Customer name	<input type="text" value="k_varghese_jacob"/>		
Proposal Form No.	<input type="text" value="si/00564/a01/120404/00046"/>	Purchased Date	<input type="text" value="04-04-2012"/>
Contact Tel No.	<input type="text" value="050-5503664"/>	Unit Make	<input type="text" value="sony"/>
Model	<input type="text" value="sony_dscwx7_digital_still_camera_pink"/>	Date of failure	<input type="text" value="21/03/2018"/>

### Repairer Defect Report

Register No:.....

Invoice No:.....

Customer approval must be obtained to diagnose as required

 Is Unit in Service Centre     Yes     No    Dismantled     Yes     No
Description 

Job card copy must be faxed with this claim request form

Parts Required Cost	<input type="text" value="100"/>	Discount	<input type="text" value="0"/>
Retailer/Customer share	<input type="text" value="0"/>	Net Cost	<input type="text" value="100"/>
Labour Hour Cost	<input type="text" value="200"/>	Discount	<input type="text" value="0"/>
Retailer/Customer	<input type="text" value="0"/>	Net Cost	<input type="text" value="200"/>
Amount Claimed	<input type="text" value="300"/>		

### Warranty Administration Department Use Only

 Claim Status     Maximum Claim liability 

Note:

Authority Code Is Valid For 30 Days From Authorised Date

Claim Rejected     Yes     No
 Fax returned     Authorised Amount 

 Date     Time 

 Processed by     Claim status 

Note: In order to process the payment, the claims department must receive the invoice for the authorised repair WITHIN 30 DAYS from the AUTHORISED DATE. The invoice must include the following: Job Card Copy, Labour Terms, Agreed Labour & Costs, Authority Code as stated in this fax claim form.

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