

Equipment Warranty Claim Form

Claimant Information:

- Full Name: _____
- Contact Number: _____
- Email Address: _____

Equipment Details:

- Equipment Name: _____
- Model Number: _____
- Serial Number: _____
- Date of Purchase: _____
- Warranty Number: _____

Details of Claim:

- Nature of Issue: _____
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- Has the equipment been serviced under warranty before?

Yes

No

Preferred Resolution:

- Repair
- Replacement
- Refund

Supporting Documents:

- **Copy of Purchase Receipt**
- **Warranty Card**
- **Photos of Equipment**

Additional Notes:

Signature: _____

Date: _____