

INCIDENT REPORT FOR ACCIDENTAL DAMAGE CLAIM

NAME : _____ CLAIM NO. : _____
BOOKED IN DATE : _____ BRAND : _____
PURCHASER NAME : *Leave Blank if same as above* MODEL : _____
CONTACT NO. : _____ SERIAL NO. / IMEI : _____
REPORTED ISSUE : *5 words max* INCIDENT DATE : _____

INCIDENT DESCRIPTION (WHEN & HOW THE ACCIDENT HAPPEN) :**ADDITIONAL COMMENTS (IF ANY) :**_____
CUSTOMER'S SIGNATURE**OFFICIAL USE:**

SERVED BY (NAME): _____

CHECKLIST:
 PHOTO TAKEN FOR ALL SIDES
 ADDITIONAL PHOTOS OF DAMAGED AREAS
 ORIGINAL OR PHOTOCOPIED INVOICE

ENGINEER'S NAME: _____

DIAGNOSIS:

ADDITIONAL FEEDBACK: