

ELECTRONIC REPAIR FORM

The Claims Office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to age, fair wear and tear, a manufacturer's defect, or any other factor. Please complete this form to the best of your ability.

1. Repair Firm's Name and Address:

Claimant's Name:

2. Repair Firm's Telephone Number: _____

3. Name of Person Completing This Form: _____

4. Item Examined: (include make/model # & Year) _____

5. There was was not external damage to this item. Description and location of new external damage is: _____

6. I was was not able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by: _____

7. There was was not internal damage to this item. Detailed description of internal damage is: _____

8. I was was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by: _____

9. Was the internal damage caused by shipment: Definitely Can't tell No

10. The specific reasons for any conclusions regarding the internal damage are: _____

11. I estimate the cost of repairing the internal damage to be:	
Parts -	\$
Parts -	\$
Parts -	\$
Cleaning, Adjustments, or other Services -	\$
Tax -	\$
Labor -	\$
TOTAL -	\$
12. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment, or other services which would not be required except as periodic maintenance).	
Servicing charges not necessary -	\$
13. If there is new external damage to this item that your firm can repair, what are those charges? Exact nature of repairs: _____ _____ _____	
Total Cost of External Repairs -	\$
Tax -	\$
Labor -	\$
TOTAL -	\$
14. Cost of estimate is _____ . If you repair firm is afforded the repair of this item, will you deduct your estimate fee from the total bill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Estimate fee not charged	
15. Name)Please Print) -	
Signature -	Date -