

WARRANTY CLAIM FORM

Customer Details

Name : _____
Mobile Number : _____
Address : _____
City : _____
State : _____ Pin Code: _____
Email : _____

Purchase Details

Date of Purchase : _____
Seller Name : _____
Item Name & Model : _____
Invoice Number : _____
Serial Number : _____

Complaint Details

Kindly describe the issue in detail

Have you mailed the photographs & video describing the complaint YES NO
Have you been assisted by any team member from Zevpoint YES NO

Declaration: I hereby declare that all that information shared above is correct and true to the best of my knowledge. If any information is found to be incorrect, it will result in the cancellation of the warranty with immediate effect

DATE: _____

SIGNATURE: _____

For Internal Use Only:

Date of First Complaint _____

Name of Service Representative _____

Claim Number _____

Is the product covered under warranty YES NO

Is the product received in good condition YES NO

Is the product repairable YES NO

Details of Resolution Provided to the customer

Is the customer being offered a replacement YES NO

If no, state the reason _____

Has the Repaired Product/ Replacement shipped YES NO

If no, state the reason _____

Details of the shipment _____

Give detailed reasons for failure and if any suggestions for internal improvement
