



DIGISSENTIAL WARRANTY CLAIM FORM

SECTION 1: CLIENT INFORMATION

Full Name:

Contact Number:

Email Address:

Physical Address:

SECTION 2: JOB & PRODUCT DETAILS

Invoice Number:

Date of Service:

Technician:

Product/Part Description:

Serial Number:

Warranty Type:

☐ New Part

☐ Used/Refurbished

☐ Labour-Only

SECTION 3: DEFECT OR ISSUE DESCRIPTION

Describe the defect or issue in detail:

SECTION 4: CLIENT DECLARATION

I hereby declare that the above information is true and correct, and that I have read and understood the Digissential Warranty & Returns Procedure (Annex C of the Master Legal Policies).

Client Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Diagnostic Findings:

Approved Action: ☐ Repair ☐ Replace ☐ Refund

Technician Signature: _____ Date: _____