**Defective Product Claim Form**

[Company Name]   
[Company Address]  
[Phone & Email]

1. **Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Address |  |
| Phone Number |  | Email |  |
| Preferred Contact Method | ☐ Phone ☐ Email | | |

1. **Product Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name / Model |  | Serial / Batch Number |  |
| Date of Purchase |  | Place of Purchase |  |
| Invoice / Receipt Number |  | Warranty Valid? | ☐ Yes ☐ No |

**3. Nature of Defect**

Please describe the issue with the product:

|  |
| --- |
|  |
|  |

**When was the defect first noticed?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Type of defect (tick all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Does not turn on | ☐ Physical damage | ☐ Malfunction during use | ☐ Missing parts |
| ☐ Performance not as advertised | ☐ Other: |  |  |

**4. Supporting Evidence**

Please attach the following (if applicable):

* ☐ Photos of the defect
* ☐ Video showing the issue
* ☐ Copy of purchase receipt
* ☐ Warranty card
* ☐ Packaging images

**5. Requested Resolution**

What would you like the company to do? (Choose one):

* ☐ Product replacement
* ☐ Product repair
* ☐ Refund
* ☐ Technical inspection first
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Customer Declaration**

I confirm that the information provided above is true and accurate. I understand that the company may inspect the product before approving the claim.

**Customer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**7. For Company Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Claim Received On | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | Received By (Name) |  |
| Inspection Date | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | Inspection Result | ☐ Approved ☐ Rejected ☐ Further Evaluation Needed |
| Notes |  | Action Taken | ☐ Repaired ☐ Replaced ☐ Refunded ☐ Other \_\_\_\_\_\_\_\_\_\_ |
| Finalized By |  | Date Closed | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |