**Warranty Claim Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** | ABC Electronics Pvt. Ltd. | **Address:** | 45 Industrial Estate, Lahore, Pakistan |
| **Contact:** | +92 300 1234567 | [support@abcelectronics.com](mailto:support@abcelectronics.com) | **Website:** | [www.abcelectronics.com](http://www.abcelectronics.com) |

**Section 1: Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name | Muhammad Ali | Address | House #22, Garden Town, Lahore |
| Phone Number | +92 333 9876543 | Email Address | muhammad.ali@email.com |
| Date of Purchase | 05-Aug-2025 | Invoice Number | INV-2578 |
| Product Model / Serial Number | ABC Smart LED 43” / SN-4521LZ93 | | |

**Section 2: Product & Issue Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Category | LED TV | Problem Description | Screen flickers and shows vertical lines after power-on. |
| When Issue Occurred | 02-Oct-2025 |  |  |
| Has the product been previously repaired under warranty? | | ☐ Yes  ☑ No | |
| Accessories Included with Product | Remote control, power cable | Physical Damage Observed | ☐ Yes  ☑ No |

**Section 3: Warranty Coverage Verification**

|  |  |  |
| --- | --- | --- |
| **Item** | **Verified By (Office Use Only)** | **Remarks** |
| Proof of Purchase Verified | ☐ Yes ☐ No |  |
| Warranty Period Valid | ☐ Yes ☐ No |  |
| Product Serial Number Matched | ☐ Yes ☐ No |  |
| Claim Eligible for Warranty | ☐ Approved ☐ Rejected |  |

**Section 4: Action Taken (Service Center Use Only)**

|  |  |
| --- | --- |
| Nature of Service | ☐ Repair ☐ Replacement ☐ Refund ☐ Not Covered |
| Parts Replaced | Display Panel |
| Technician’s Remarks | Fault confirmed. Replaced under warranty. |
| Date of Completion | 10-Oct-2025 |
| Service Job Number | SJ-1029 |

**Section 5: Declaration**

**Customer Declaration:**  
I confirm that the information provided above is accurate. I understand that any damage due to misuse or unauthorized repairs is not covered under warranty.

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

**Section 6: Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Verified By** | **Designation** | **Signature** | **Date** |
| Mr. Imran Hussain | Service Manager | \_\_\_\_\_\_\_\_\_\_\_ | 11-Oct-2025 |