

**Samil Power**

Expert for PV Grid-tied Inverters

WARRANTY CLAIM FORM**Case ID:**

Customer name

Tel. number

Installation company

Tel. number

Contact Email address

Date

Site address (including zip/postcode)

Address for delivery of replacement if different from above (including postcode)

System details:

Inverter model

Firmware

Inverter Serial Number

DC: PV1, PV2

Commissioning date

AC: V, Hz

Total energy generated (kWh)

Total number of inv.

PV module brand and model no.

Monitoring

No. of strings and panels per string

Reset, AC and DC off

Fault code

Fault permanent

Fault description: (please give as much detail as possible)

**If the faulty unit is ready for collection immediately please complete the blue section.
You will be sent an email receipt which will also explain how to arrange collection at a later date.**

1. Date

2. On-site contact name:

3. The pick up address (including zip / postcode)

4. Contact Email address

5. Telephone number

**For the UK, pls. send the claim form to: service-uk@samilpower.com / Phone: 0118 – 4029490
For Australia, pls. send the claim form to: service-australia@samilpower.com / Phone: 02 – 85203242
For the Netherlands, pls. send the claim form to: service-netherlands@samilpower.com / Phone: 020 – 7018205
For the USA, pls. send the claim form to: service-usa@samilpower.com / Phone: 001 – 4154290135**

For office use

Decision, Service

Signature

Date

Feedback from client

Date of receipt of replacement

Replacement model and serial number

Faulty unit pick-up details

Remarks / comments