

**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 office use

Decision, Service			
Signature		Date	

Feedback from client

Date of receipt of replacement

Replacement model and serial numb

Faulty unit pick-up details

Remarks / comments