

ADP Claim Declaration Form

Lenovo

Claim Type:

Date:

Name of the Customer:

Contact/Mobile Number:

Service Order / Reference #:

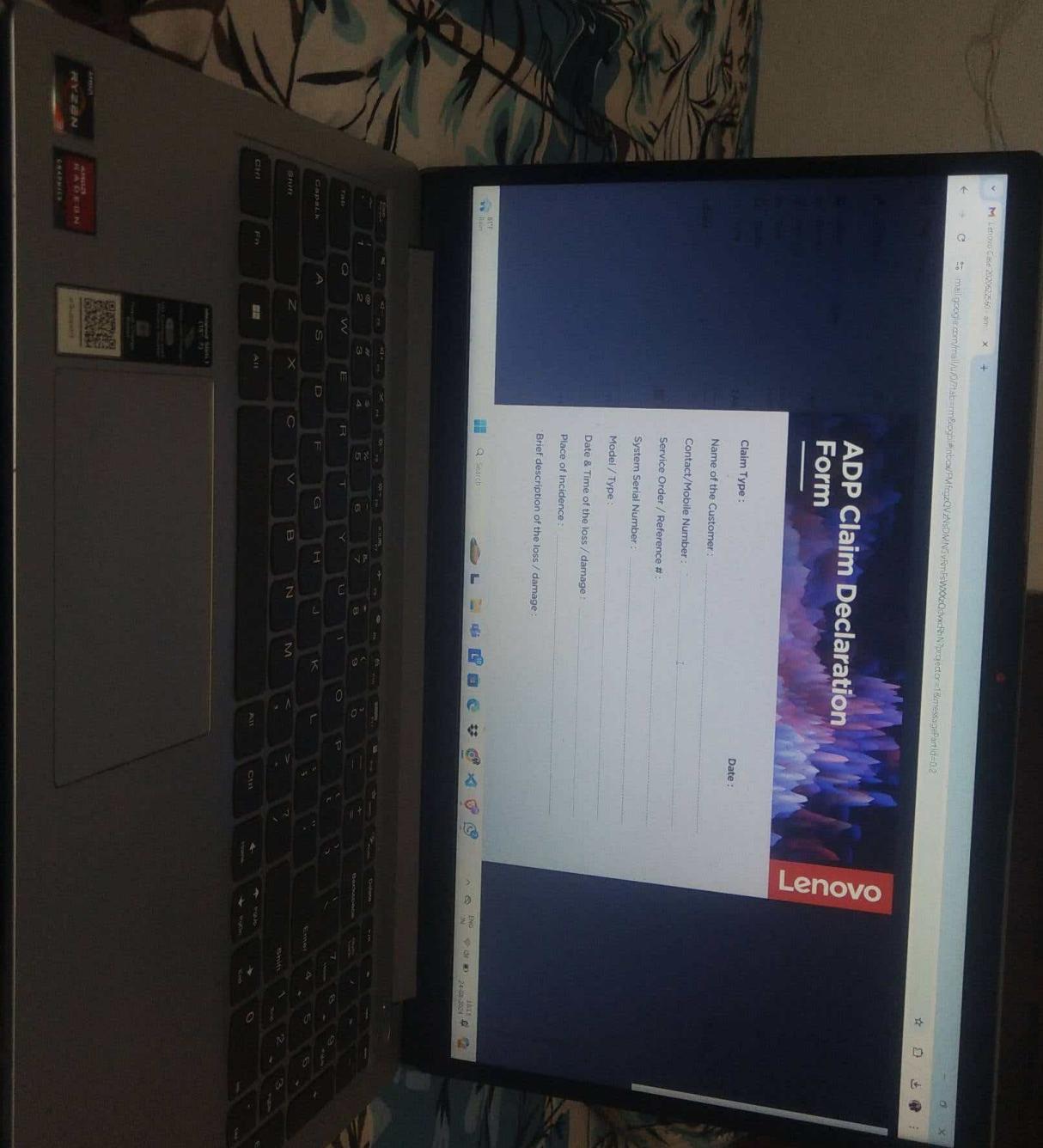
System Serial Number:

Model / Type:

Date & Time of the loss/ damage:

Place of Incidence:

Brief description of the loss/ damage:

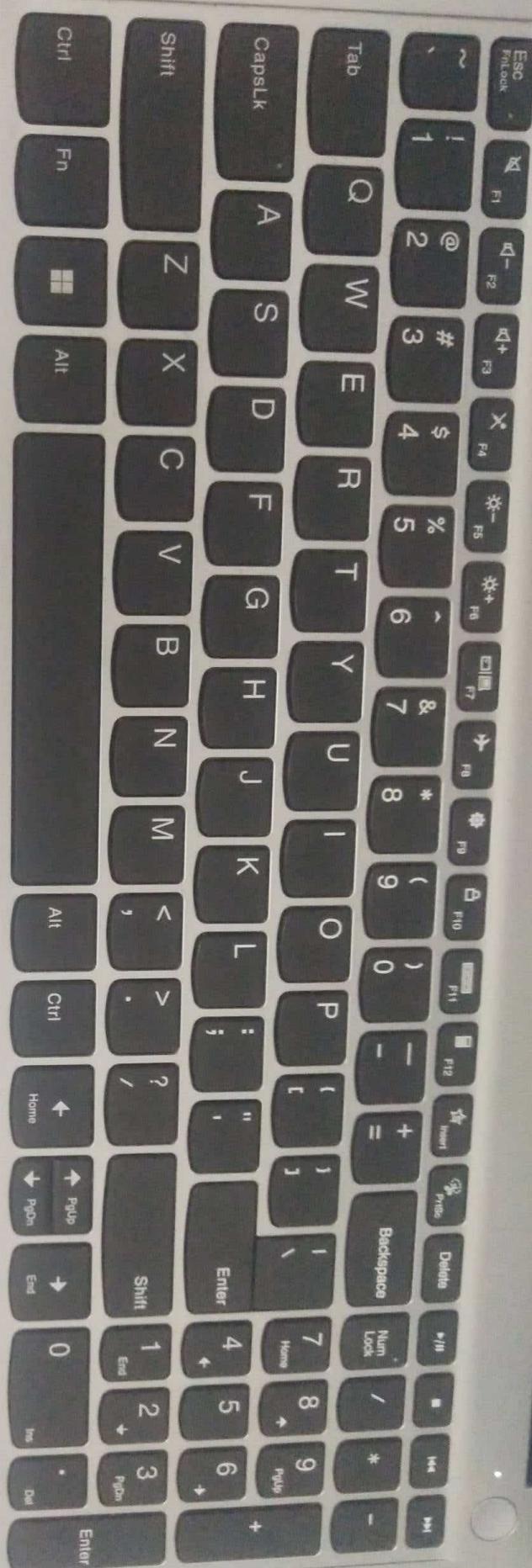


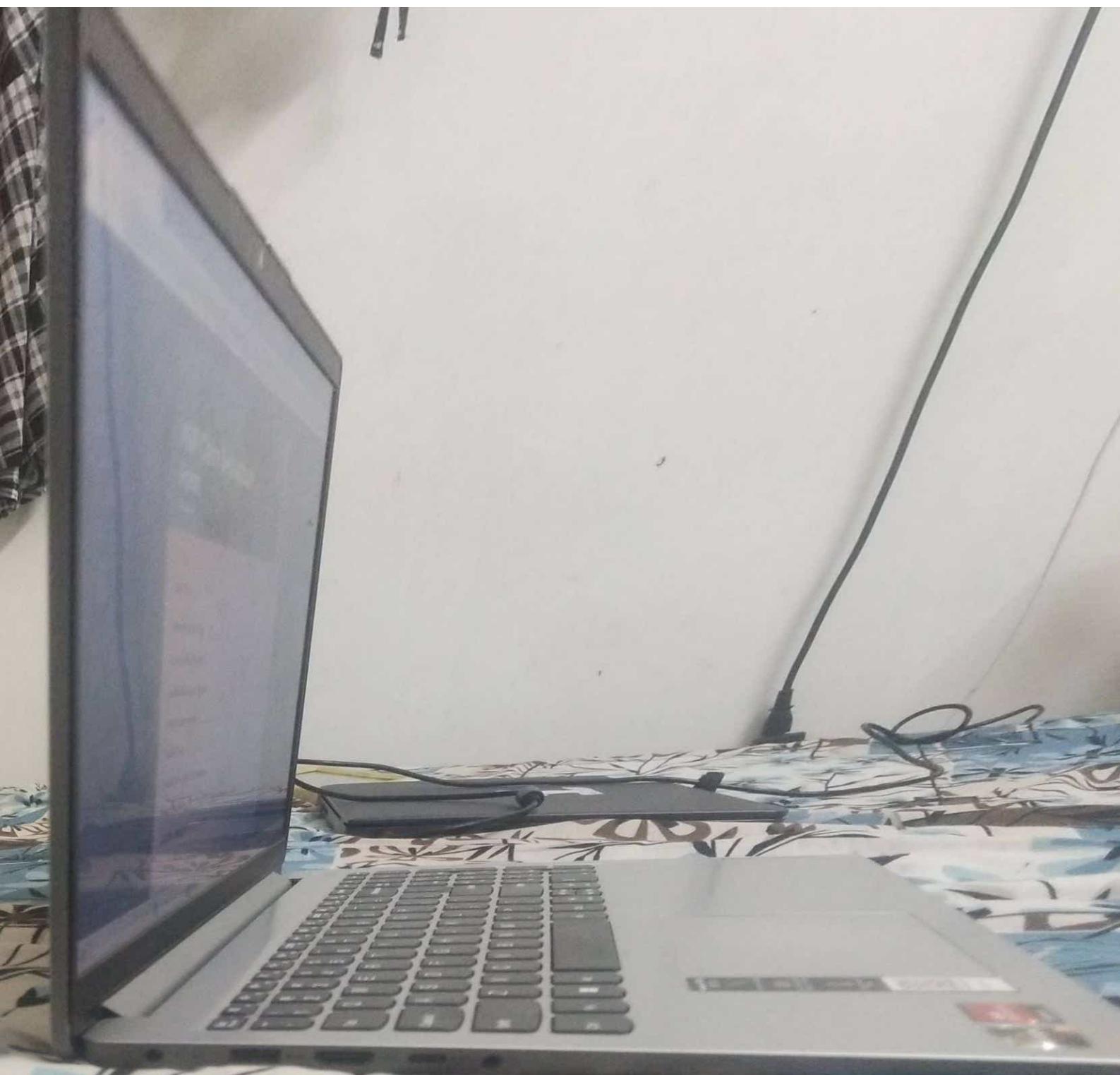


Ideapad Slim1
(15", 7)
Ultra slim Design
HD Camera with Privacy Shutter

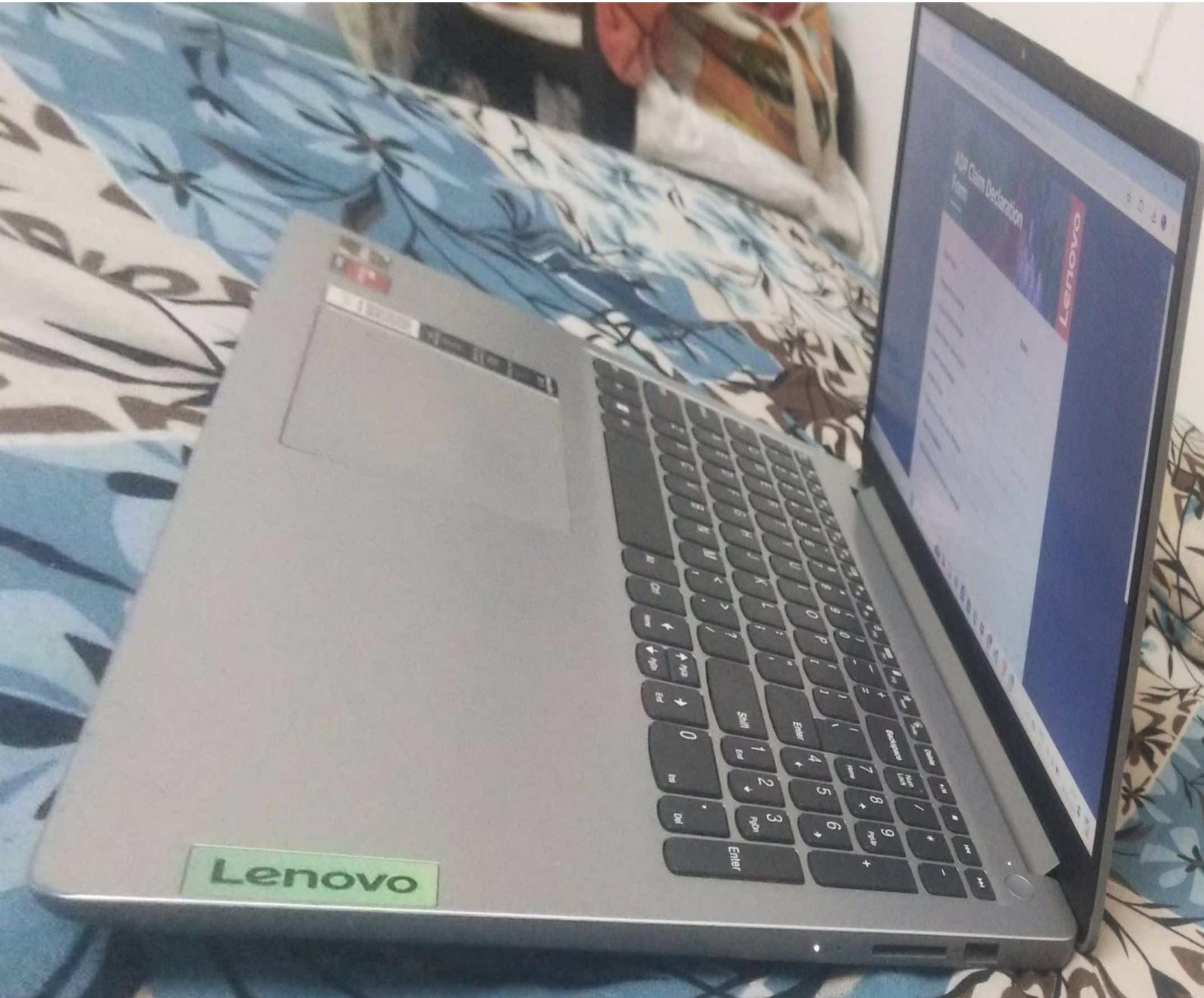


Lenovo











LENOVO



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