

In AMC Claim Form

Branch WCF No. :

Complaint Regn. No.: DEL0409201816235705

Branch: DELHI

Dealer's Name	Location City	Person In-Charge	Signature	Date
Solutions Inc.-NEW DELHI	NEW DELHI	MR. Bablu		

1. Final User

User: Lakshya flexi Tubes profiles Pvt. Ltd.

Tel. No.: +91 9810803555

Customer Address: Lakshya flexi Tubes profiles Pvt. Ltd. / J-502 Tower / Noida 201301 / IN

IBase Address: J-502, , 24, , Noida-, 201301, IN

2. Product Type - Faulty Unit

Model Name:	RXYQ12PY1-I	Mfg.No.:	A000106
Defective Compressor Model & Mfg. No	Replaced Conf. Mfg. No.:	Routine Service Card No.:	
DAIPL Invoice No.:	Date:	Dealer Invoice No.:	Date:
Warranty Start :	Warranty End:		

3. Parts Required

Item	Parts Name	Parts No.	Quantity	Service Order Number
10	FOUR WAY VALVE	S167949J	1.0	007005244983

*DAIPL Use Only

Faulty Location Code	
Phenomena Code	

4. History

Date of Commissioning	Date of Failure
Oct 12, 2009	Sep 4, 2018

5. Details of Fault

Cause Category:	Sub-Cause Category:
Subject: Not working	

6. Power Supply Detail (Pls mark)

- ☐ Generator Backup
☐ Stabilizer (include SERVO)
☐ Scanner
☐ Other Safety Device

** If using a stabilizer

- ☐ Hi-Low Cut off Function
☐ Time Delay Function

7. Frequency (Pls mark)

- ☐ During Commissioning
☐ Under Generator Operation
☐ Sometimes
☐ After Power On
☐ Others

8. Location (Pls mark)

- | | |
|--|--|
| <input type="checkbox"/> Residence
<input type="checkbox"/> Normal Office
<input type="checkbox"/> Computer Room
<input type="checkbox"/> Laboratory
<input type="checkbox"/> Hotel Room | <input type="checkbox"/> Restaurant
<input type="checkbox"/> Shop / Show Room
<input type="checkbox"/> Factory
<input type="checkbox"/> Bed Room
<input type="checkbox"/> Others |
|--|--|

DAIPL Use Only

Branch Recieved / Issued Date	Signature-Service Person Incharge	HO Reference No.