



**NON CONFORMANCE REPORT /
WARRANTY CLAIM CUSTOMER ISSUE**

Only digitally completed documents are accepted!
Send to: **claim@ctc.se**

COMPLAINT NO CUSTOMER:

COMPLAINT NO CTC:

CTC CUSTOMER	PRODUCT NAME
ISSUED BY	SERIAL NO PRODUCT
ISSUED DATE	INSTALLATION DATE

FAILURE CODE:

- | | |
|--|---|
| <input type="checkbox"/> COMPONENT FAULT | <input type="checkbox"/> VISUAL / APPEARANCE |
| <input type="checkbox"/> WRONGLY ASSEMBLED | <input type="checkbox"/> EXTERNAL DAMAGE TO PRODUCT / COMPONENT |
| <input type="checkbox"/> MISSING COMPONENT | <input type="checkbox"/> LEAKAGE |
| <input type="checkbox"/> SPECIFICATION FAULT | <input type="checkbox"/> OTHER: |

PROBLEM DESCRIPTION. INPUT FROM DISTRIBUTOR

SERIAL NO OF DEFECT COMPONENT	TYPE OF FUEL: (please provide sample of minimum 1 liter)
SYSTEM DESCRIPTION: (e.g. environment, layout of installation)	
PROBLEM DESCRIPTION: (Describe the problem/defect (who, what, where, when, why, how and how many) as detailed as possible, with text, pictures and sample of products/components)	
<input type="checkbox"/> ATTACHED PICTURES (Installation)	
DATE OF CORRECTIVE ACTIONS AT SITE	LATEST DATE FOR SERVICE OF THE PRODUCT
DESCRIPTION OF CORRECTIVE ACTIONS AT SITE	

CLAIMED COST

MATERIAL COSTS	COST OF COMPONENT	TOTAL CLAIMED COST
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ANSWER FROM CTC:

ROOT CAUSE
CORRECTIVE ACTION

TO BE FILLED IN BY ENERTECH

PRODUCT/COMPONENT TO BE RETURNED TO CTC			
		<input type="checkbox"/> NO	<input type="checkbox"/> YES, RETURN NO:
<input type="checkbox"/> CLAIM APPROVED	SIGNED BY:	APPROVED DATE:	
<input type="checkbox"/> CLAIM NOT APPROVED			
APPROVED COSTS, Warranty and/or Good-will, TO BE CREDITED (Marked: Warranty: W / Good-will: G-W)			
MATERIAL COSTS:		COMPONENT REPLACEMENT:	
<input type="checkbox"/> CREDIT COMPLETED TO CUSTOMER (By Export Order Admin)	CREDIT SENT TO CUSTOMER	CREDITED BY	CREDITED DATE