

# Warranty Claim

## Service Request Form



Tel: 1300 072 000
Fax: 1300 072 001
Email: <a href="mailto:service@cyberchill.com.au">service@cyberchill.com.au</a>

OFFICE USE ONLY			
SR Number			
Tech			
Notes			
Approved/Declined	<input type="checkbox"/>	Y	<input type="checkbox"/>
			N

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO DESPATCH OF TECHNICIAN**

**ALL FIELDS ARE MANDATORY**

<b>Business Name</b>					
<b>Site Address</b>	Shop No:		Shopping Centre (if applicable)		
	Street No:		Street Name:		
	Suburb:		State:		Post Code: <input type="text"/>
<b>Site Contact</b>		Phone:			Mobile: <input type="text"/>
<b>Email address</b>					
<b>*Best time to attend</b>	<input type="checkbox"/>	08:00 – 11:00	<input type="checkbox"/>	11:00 – 14:00	<input type="checkbox"/>
				14:00-16:00	<input type="checkbox"/>
					Any time

<b>Equipment Details</b>	Model No:		Model No:		Model No:	
	Serial No:		Serial No:		Serial No:	
	Location:		Location:		Location:	

### Checklist

- Is the power on? (including Circuit Breaker)
- Is the condenser clean?
- Is there a fault or error code displaying on the controller?  
If "yes" what is displayed?
- Are all doors and/or drawers closed correctly?
- Cabinets Only:* If cabinet has a raised pan or open well are the pans in situ?
- Has the cabinet been overstocked/understocked? (If yes, please provide detail below)
- Has the temperature of the food in the fridge/freezer been checked?
- Has room temperature increased/decreased dramatically?
- Have any items been arranged that could result in restricted air flow to the cabinet?
- Cold/Freezer Rooms Only:* Is the evaporator coil iced up?

**YES                      NO**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Detailed description of fault

Fault reported by:

Date:

Position:

Time:

Please Note: Standard warranty call-outs take place Monday – Friday between 08:00 and 16:00 (except public holidays). Any Call outs outside these times will be subject to after-hours rates.

Cabinets only: Certain items such as gaskets and light bulbs are not covered under warranty.

Anything outside our standard terms and conditions will be chargeable. Chargeable items are COD by credit card over the phone or if you have an account with CyberChill you will be charged accordingly.

Note that an incomplete form could result in the decline of the claim.

Please see [www.cyberchill.com.au](http://www.cyberchill.com.au) for full terms and conditions.