



Service And Parts

Submission date:		Country:	
Customer name:			
Address:			
Telephone no.:		Fax no.:	
Product Code:		Product Description:	
Serial number:		Year of Manufacture:	
		Work/Running hour:	

Defect/failure Description	
Action engaged	

Defective parts and/or replaced parts

Part Code	Description	Serial no. (if applicable)	Qty	Unit Cost	Total
Grand total :					

Submitted by
 Name: _____ Signature: _____

Note: Every field must be filled with the specific data and information, failure to do so is subjected to rejection for the claim.

For PRAMAC ASIA official use only

Receiving date:		Protocol No.:	
Approve <input type="checkbox"/>	Reject <input type="checkbox"/>	Reason for rejection	

Approving Signature: _____



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