

Repair Request Form

Fax or email the completed for to **03-76609055** or **services@hika.com**

EQUIPMENT	Manufacturer
	<input type="checkbox"/> Christie Digital <input type="checkbox"/> Crestron <input type="checkbox"/> Extron <input type="checkbox"/> Nexus <input type="checkbox"/> Others: _____
	Model
	Serial No.
Remarks	

CONTACT	Company
	Contact Person
	E-mail
	Fax No.
Phone No.	

OPERATING CONDITION	<input type="checkbox"/> Running 24 hours per day
	<input type="checkbox"/> Installed and running in air-conditioned room
	<input type="checkbox"/> Air-conditioning is always on
	<input type="checkbox"/> Installed and running without air-conditioning
	<input type="checkbox"/> Installed in a dusty location
	<input type="checkbox"/> Power supply is through UPS
	<input type="checkbox"/> Power supply is through AVR (stabiliser)
Installed site: _____	

FAULT STATUS	<input type="checkbox"/> Unable to power on at all
	<input type="checkbox"/> Able to power on, but unable to boot up
	<input type="checkbox"/> Able to complete boot up
	<input type="checkbox"/> Alarm sound
	<input type="checkbox"/> No LCD display
	<input type="checkbox"/> No Signal Out
	<input type="checkbox"/> Cannot Operate
<input type="checkbox"/> Error message / LED or others: _____	

NOTICE

- If equipment is under warranty, send the equipment to HIKA **only after** receiving our confirmation.
- HIKA will issue a quotation for inspection/service/repair (excluding parts). Please email/fax the confirmation of our quotation, or your purchase order, **before sending** the equipment to HIKA.
- If on-site service is required, **travelling and/or transportation fees** may be charged.
- Equipment not collected after 3 months **will be disposed of** at our discretion without further notice.

AGREEMENT	I have read, understood the NOTICE above, and I agree to all terms.	Company Stamp	Signature	Name
				Date

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===== DO NOT WRITE BELOW THIS LINE – FOR HIKA USE ONLY =====

Request By:	RRF No.
Advice from Manufacturer: <input type="checkbox"/> Warranty Period <input type="checkbox"/> No Warranty <input type="checkbox"/> RMA#	RMA# Trace Inform Send date: Back date:
Inspection Process:	Service Report No:
Quotation No.:	Person in charge: