



WARRANTY SERVICE REQUEST

01 ORIGINAL SERVICE

New ticket #

Original ticket #

Customer

Phone / email

Device / serial #

Original repair date

Original invoice #

Warranty end date

02 ISSUE REPORTED

Date issue noticed

Reported symptoms

☐ New impact / liquid exposure / third-party repair: Yes

☐ No

If yes, explain

03 WARRANTY ASSESSMENT — SCTS USE

☐ Potentially covered

☐ Not covered

☐ Further diagnosis

Inspection findings

Coverage decision and reason

Proposed remedy / estimated timing

04 ACKNOWLEDGMENT

Customer signature

Date

SCTS representative

Date
