# Trinidad and Tobago Electricity Commission 

Risk Management Department<br>\#63 Frederick Street, Port of Spain $\quad$ Trinidad<br>Technician's Report Form

This form must be completed for each Damaged Appliance/Item
Section A and Section B MUST be completed, along with either Section C OR Section D whichever is applicable. Please provide ALL the information requested.

INCOMPLETE FORMS WILL NOT BE ENTERTAINED.

| Complaint ID | Claimant: |
| :--- | :--- | :--- |

Section A - Please provide details of the appliance/item

| Type of appliance / equipment |  |
| :--- | :--- |
| Make / brand |  |
| Model \# |  |
| Serial \# |  |
| Year of purchase |  |

Section B - Please provide details of the damages to the appliance/item

| Damaged Part Name (s) | Damaged Part Number (s) | Cost of Replacement Part (s) |
| :--- | :--- | :--- |
|  |  | TT\$ |
|  |  | TT\$ |
|  |  | TT\$ |
|  |  | TT\$ |
|  |  | TT\$ |

Section C-Complete this section if the appliance/item is to be repaired


Section D-Complete this section if the appliance/item is to be replaced

Please give reason(s) why the appliance/item cannot be repaired


| Technician's Full Name (Block letters) |  |
| :--- | :--- |
| Technician's Contact Number |  |

Date
PLEASE ATTACH ALL RECEIPTS IN SUPPORT OF YOUR CLAIM. THANK YOU!
A claim for replacement of an appliance / item that is damaged beyond repair MUST be supported by an invoice / quotation / bill showing the cost of a comparable / item, to indicate the amount being claimed.

