

Trinidad and Tobago Electricity Commission

Risk Management Department #63 Frederick Street, Port of Spain | Trinidad

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.

COMPLETE FORMS WILL NOT BE EN	I ER I AINED.	
nplaint ID	Claimant:	
tion A - Please provide details of the a	ppliance/item	
pe of appliance / equipment		
ake / brand		
odel #		
rial #		
ear of purchase		
tion B - Please provide details of the		
amaged Part Name (s) Dan	aged Part Number (s)	Cost of Replacement Part (s)
		TT\$
${f ction}$ C - Complete this section if the bour Cost		be <u>repaired</u>
tal Cost (Parts and Labour) TT		
$oldsymbol{ iny tion} \ oldsymbol{D}$ - Complete this section if th		be <u>replaced</u>
ase give reason(s) why the appliance/it	em cannot be repaired	_
echnician's Full Name (Block letters)		
echnician's Contact Number		
te		
ASE ATTACH ALL RECEIPTS IN S	UPPORT OF YOUR	CLAIM.

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.