

Trinidad and Tobago Electricity Commission

Risk Management Department

#63 Frederick Street, Port of Spain | Trinidad

**DAMAGE REPORT**

This form must be completed for each Damaged Appliance/Equipment.

**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:	
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**Section A** - Please provide details of the appliance/equipment

Type of appliance / equipment	
Make / Brand	
Model #	
Serial #	
Year of purchase	

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

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/equipment is to be **repaired**

Labour Cost	TT\$	
Total Cost (Parts and Labour)	TT\$	

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

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

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Repairer's Full Name (Block letters)	
Repairer's Contact Number	

Date (YYYY-MM-DD)
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**PLEASE ATTACH ALL RECEIPTS IN SUPPORT OF YOUR CLAIM**

A claim for replacement of an appliance/equipment 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.