

# Trinidad and Tobago Electricity Commission



## DAMAGE REPORT

This form must be completed in **BLOCK** letters for each Damaged Appliance/Equipment

**INCOMPLETE FORMS WILL NOT BE ENTERTAINED**

Complaint ID:		Claimant Name:	
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### **Section A - Details of the appliance/equipment**

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

**Complete Section B if the value/replacement cost of the appliance/equipment is more than TT\$500.00.**

### **Section B - Details of the damage**

Damaged Part Name(s)	Damaged Part Number(s)	Cost of Replacement Part(s)
		TT\$
		TT\$
		TT\$
		TT\$
	Total	TT\$

Estimated or Actual Labour Cost TT\$ \_\_\_\_\_

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

Repairer's Full Name	
Repairer's Contact Number	
Date assessed by Repairer (yyyy-mm-dd)	

### **ATTACHMENTS**

Supporting documents such as receipts, invoices, quotations, reports from repairer, photos etc. are required to be uploaded.

In particular

- If your appliance/equipment has been repaired, please submit the actual invoice/receipt for the repairs
- If your appliance/equipment has been replaced, please submit the invoice/receipt for the replacement item

**WE STRONGLY SUGGEST THAT YOU SUBMIT A QUOTATION FOR A SIMILAR ITEM TO ASSIST IN THE ASSESSMENT OF YOUR CLAIM.**