



WARRANTY EXTENSION
APPROVAL FORM

SERVICE CENTER KOLAH
DATE ASSIGNED 10-20-19 FAX NO. 052-2170
DATE CHECKED 10-25-19 TEL. NO. 0851-2711 LOC. 309
DATE TRANSMITTED _____ CHECKED BY _____
CUSTOMER LITO GONZALES TEL. NO. _____
CUSTOMER ADDRESS: 105 VICTORIA VILLAGE MAGAWANES VILLAGE MAKATI CITY
CONTRACT # B6-710923 BRAND KOLAH
PRODUCT WINDOW TYPE INVERTER MODEL KAG-110RS1HV
SERIAL NUMBER _____

CUSTOMER COMPLAINT

FINDINGS ☐ Part/s Replace ☐ Adjustments ☐ Others (specify) _____

CAUSE OF BREAKDOWN ☐ Part/s Failure ☐ Misalignment ☐ Others (specify) _____

PREVIOUS COMPLAINTS

<u>DATE</u>	<u>DESCRIPTION</u>	<u>PARTS REPLACED</u>
<u>10-25-19</u>	<u>NOT COOLING</u>	<u>DISPLAY BOARD</u>

COST OF REPAIR (For new complaint)

<u>PARTS COST (specify and detail the cost per part)</u>	<u>TOTAL PARTS</u>	<u>P</u>
		<u>715.00</u>
	<u>LABOR COST</u>	<u>P 700.00</u>
	<u>OTHER COST/S</u>	<u>P</u>
	<u>TOTAL COST</u>	<u>P</u>
	<u>DISCOUNT</u>	<u>P</u>
	<u>NET COST</u>	<u>P</u>

Schedule of Repair Completion (date):

I hereby declare that the above information are true and that the customer's unit is being used for household/personal purpose only.

RONA L. VEMH 11/12/19
Service Center Representative (sign over printed name) Date

APPROVAL/DISAPPROVAL (to be filled up by Lex Services, Inc.)

CLAIM NUMBER _____
MAXIMUM LIMIT _____
APPROVED BY _____ DISAPPROVED BY _____
DATE _____ DATE _____
REMARKS _____

IMPORTANT REMINDERS

- FOR FAST APPROVAL.** Please fax to 6288897 or email to morense@lexservices.ph / dpestanio@lexservices.ph
- FOR FAST PAYMENT.** Fax the invoice immediately. Submit required documents upon collection (original invoice, copies of customer acknowledgement and notice of claim).
- NON-WARRANTABLE CLAIMS.** Check-up fee should be paid by the customer unless the claim was endorsed by Lex Services, Inc.
- FORM LEX -001/07.** This supersedes all other issued Approval Forms. Issued September 1, 2007.

THANK YOU FOR YOUR FAST & DEPENDABLE SERVICE!