



# Inverter Warranty Claim Form

Claim Date:

<b>Customer and Project Info.</b>			
Company Name*			
Project Name*			
Capacity (MW)*		GSTIN No.*	
Contact Person*		Designation*	
Phone No.*		Email ID*	
Alternative Phone No.*			
Site Address* (We may request you to provide GSTIN No. and Road Permit for the replacement dispatch if required.)			
Street No.:			
Village/Town:			
District:			
State:			
PIN Code:			
<b>Inverter Info.</b>			
Model*		Serial No.*	
COD(DD/MM/YYYY)		Block No.	
Alarm Details *(Check in SUN2000 APP or SmartLogger WEI)			
1. Alarm ID		Reason ID	
2. Alarm ID		Reason ID	
3. Alarm ID		Reason ID	
<b>Problem Description</b>			
1. When occurs:			
2. Fault details:			
3. Phenomenon:			
4. Others:			
<b>Inspection Done Onsite</b>			
1. Cable and terminal connection check?			
2. PV string and AC voltage check?			
3. Grounding check?			
4. Restart inverter?			
5. Exchange test?			
6. Others:			
<b>Customer Remark:</b>			
<b>Attachment Required</b>			
1. Inverter Log* (Exported through SmartLogger, SUN2000 APP or pen driver)	<input type="checkbox"/> Provided		
2. Photograph (Indicate the problem and the installation/connection condition,etc.)	<input type="checkbox"/> Provided		