Gintell (M) Sdn Bhd

Indoor Repaired Form

Technician Name _____ Date _____

Model _____ Serial Number: _____

C s number _____

A) Type Product of Repaired

☐ New ☐ Demo ☐ 121

☐ Customer ☐ Others

B) Type of defect and Parts replac

No	Fault Description	Parts Replaced
1		
2		
3		
4		
5		

Remark : _____

Repaired By : _____

Checked By : _____