

**NOT FOR CLAIMANTS TO FILL OUT**

**THIS FORM IS TO BE FILLED OUT BY QUALIFIED REPAIR PERSONNEL ONLY**

ELECTRONIC REPAIR FORM (PAGE 1 OF 4)

The claims office must determine if internal damages to an electrical or electronic item was caused by the same kind of forces which occur during shipping, handling, or storage of such items, or whether the damage was due to age, fair wear and tear, a manufacturer's defect, or any other factor.

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NAME OF REPAIR PERSON WHO SERVICED ITEM: \_\_\_\_\_

NAME OF CUSTOMER: \_\_\_\_\_

CUSTOMER'S PHONE NUMBER: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND BE  
AS SPECIFIC AS POSSIBLE**

ITEM(S) EXAMINED\*:

MAKE	MODEL NUMBER	SERIAL #	YEAR
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

\*If item inspected is a television or computer monitor, please indicate SIZE of monitor. If the item is a computer, please indicate FULL SPECS (even those parts that may not necessarily be damaged).

ELECTRONIC REPAIR FORM (PAGE 2 OF 4)

Did you **observe** any **external damage** such as cracks, dents, scrapes, etc? \_\_\_\_\_

If yes, does the external damage look new or fresh? \_\_\_\_\_

If yes, list the item, the damage, and location of the external damage (please separate items by commas) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you able to determine the **cause** of the **external damage**? \_\_\_\_\_

If yes, in your professional opinion what is your assessment of how the damage occurred?

\_\_\_\_\_  
\_\_\_\_\_

In your professional opinion, was the external damage caused by the same types of forces that can cause damage during shipping? \_\_\_\_\_

or

Was the external damage caused by age, fair wear and tear, manufacturer's defect? \_\_\_\_\_

Did you observe any **internal damage**? \_\_\_\_\_

If yes, please list the item, exact location of the damage and a detailed description of the extent of the damage (please separate items by commas) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you able to determine the **cause** of the **internal damage**? \_\_\_\_\_

In your professional opinion, was the internal damage caused by the same types of forces that can cause damage during shipping? \_\_\_\_\_

or

Was the internal damage caused by age, fair wear and tear, manufacturer's defect? \_\_\_\_\_

In your professional opinion, please state how you believe an item like this could have sustained the type of damage you are inspecting today \_\_\_\_\_

\_\_\_\_\_

ELECTRONIC REPAIR FORM (PAGE 3 OF 4)

For **EXTERNAL damage ONLY:**

What do you estimate the cost of repair to be for the external damage?

Item Name: \_\_\_\_\_

Parts needed: \_\_\_\_\_ Part Cost: \$ \_\_\_\_\_

Item Name: \_\_\_\_\_

Parts needed: \_\_\_\_\_ Part Cost: \$ \_\_\_\_\_

Subtotal of Parts: \_\_\_\_\_

Tax: \_\_\_\_\_

Labor: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Are there any charges included in your above external repair cost that are not a **necessity** for repair? (ie: cleaning, adjustment, or any other periodic maintenance?) \_\_\_\_\_.

If yes, how much of the above cost is not a necessary repair? \_\_\_\_\_

ELECTRONIC REPAIR FORM (PAGE 4 OF 4)

For **INTERNAL damage ONLY**:

What do you estimate the cost of repair to be for the internal damage?

**Item Name:** \_\_\_\_\_

Parts needed: \_\_\_\_\_ Part Cost: \$ \_\_\_\_\_

**Item Name:** \_\_\_\_\_

Parts needed: \_\_\_\_\_ Part Cost: \$ \_\_\_\_\_

Subtotal of Parts: \_\_\_\_\_

Tax: \_\_\_\_\_

Labor: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Are there any charges included in your above internal repair cost that are not a **necessity** for repair? (ie: cleaning, adjustment, or any other periodic maintenance?) \_\_\_\_\_.

If yes, how much of the above cost is not a necessary repair? \_\_\_\_\_

If your repair firm is afforded the repair of this item, will you deduct the estimate fee from the total bill?  
\_\_\_\_\_

TOTAL COST OF ALL REPAIRS, INCLUDING BOTH INTERNAL AND EXTERNAL DAMAGE, TAX, AND LABOR (DO NOT INCLUDE REPAIR INSPECTION FEE)\*\*: \$ \_\_\_\_\_

**\*\*IF THE TOTAL COST OF ALL REPAIRS EXCEEDS \$100.00, CLAIMANT WILL BE REQUIRED TO PROVIDE THE CLAIMS OFFICE WITH A PICTURE OF THE DAMAGED ITEM BEFORE THE CLAIM WILL BE PROCESSED\*\***

How much did this repair inspection cost the customer? \_\_\_\_\_

*Thank you for taking the time to complete this form.*  
OFFICE OF THE STAFF JUDGE ADVOCATE, CLAIMS DIVISION  
FORT CAMPBELL, KY 42223. PH: 270-798-5011