

TRIWA

REPAIR FORM

Date/...../.....

RETAILER INFORMATION

STORE NAME.....

ADDRESS.....

.....

.....

PHONE.....

EMAIL.....

CONTACT.....

END CUSTOMER INFORMATION

NAME.....

ADDRESS.....

.....

.....

PHONE.....

EMAIL.....

CONTACT.....

PROBLEM DESCRIPTION

FILLED IN BY CUSTOMER / RETAILER

Fill in all details in order to secure reparation and return.

Rep. Nr:

Model name:

Model number:

- | | |
|---|---|
| <input type="checkbox"/> Pin for band | <input type="checkbox"/> Bezel |
| <input type="checkbox"/> Band | <input type="checkbox"/> Hands |
| <input type="checkbox"/> End piece | <input type="checkbox"/> Dial |
| <input type="checkbox"/> Crown | <input type="checkbox"/> Index |
| <input type="checkbox"/> Diving crown | <input type="checkbox"/> Battery |
| <input type="checkbox"/> Movement | <input type="checkbox"/> Glass |
| <input type="checkbox"/> Movement shaft | <input type="checkbox"/> Water resistance |
| <input type="checkbox"/> Case | <input type="checkbox"/> Other |
| <input type="checkbox"/> Case neck | |

If other, please describe:

Please indicate fault on illustration:

REPAIR DESCRIPTION

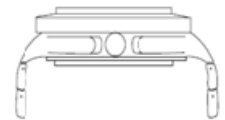
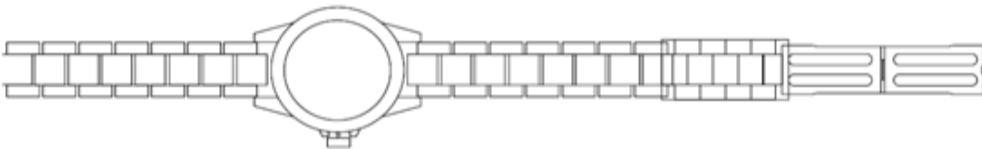
FILLED IN BY TRIWA

MANUFACTURING ERROR USAGE ERROR

- | | |
|--|--|
| <input type="checkbox"/> Pin for band | <input type="checkbox"/> Bezel |
| <input type="checkbox"/> Band | <input type="checkbox"/> Hands |
| <input type="checkbox"/> Band replacement | <input type="checkbox"/> Set of hands |
| <input type="checkbox"/> End piece | <input type="checkbox"/> Dial replacement |
| <input type="checkbox"/> Crown | <input type="checkbox"/> Index repair |
| <input type="checkbox"/> Diving crown | <input type="checkbox"/> Battery |
| <input type="checkbox"/> Movement repair | <input type="checkbox"/> Battery holder |
| <input type="checkbox"/> Movement exchange | <input type="checkbox"/> Glass replacement |
| <input type="checkbox"/> Movement shaft | <input type="checkbox"/> Water resistance |
| <input type="checkbox"/> Case replacement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Case neck | |

If other, please describe:

REPLACED COMPLETE WATCH



FILLED IN BY TRIWA:

ACCEPTED DECLINED

For and on behalf of TRIWA

Date/...../.....

.....
Signature