



DEVICE FAULT FORM

Reset

Print

FAULT FORM MUST BE INCLUDED ALONG WITH ANY DEVICE WHEN RETURNED DUE TO FAILURE.

Reseller Details:

Company: _____ Date Returned: _____
 Contact Name: _____ Customer Reference : _____
 Contact Number: _____ Reseller Customer: _____
 Address: _____

Details of Device Returned:

Device Type: _____
 Fleetmax Name: _____ Warranty Repair Requested: Yes No
 Device IMEI: _____ Purchase Date: _____

Items Sent to Complete Tracking Systems:

Device: Yes No Sim Card: Yes No
 Antenna: Yes No Sim Serial: _____
 Loom: Yes No Carrier: _____
 Others(List): _____ Phone Number: _____

Fault Details:

Office Use Only – Complete Tracking Systems

Items Received By: _____ Date: _____
 Inventory Correct: Yes No Discrepancy Details: _____

Device Checked By: _____ Date: _____
 Fault Details: _____
 RT Number: _____
 Box Number: _____

Resolution:

Date Completed: _____
 Means Returned to Owner: _____ Date Returned: _____
 Docket Number: _____ Cost \$: _____
 Replacement Device Ser No: _____ Replacement IMEI: _____

Items Returned to Owner:

Device: Yes No Sim Card: Yes No
 Antenna: Yes No Sim Serial: _____
 Loom: Yes No Carrier: _____
 Others(List): _____ Phone Number: _____