



ENAGIC® (SINGAPORE)

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Official use only service no.:

MACHINE REPAIR FORM

FOR OFFICE USE ONLY		STAFF RECEIVED:		ID NUMBER :	
A. PRINCIPAL INFORMATION.					
Applicant's Name:					
Mobile No:					
Address (optional):					
MACHINE DETAILS.					
Machine:					
Serial Number:		Warranty	YES / NO		
B. ISSUES					
Description of problems:	<input type="checkbox"/> NO POWER <input type="checkbox"/> LEAKING <input type="checkbox"/> NO WATER	<input type="checkbox"/> DEEP CLEANING / FLUSHING <input type="checkbox"/> NO ARROW / NOTICE OF CLEANING <input type="checkbox"/> OTHERS:			
C. CHECKLIST					
MACHINE CONDITION	<input type="checkbox"/> GOOD <input type="checkbox"/> WET	<input type="checkbox"/> MINOR PARTS BROKEN <input type="checkbox"/> MAJOR PARTS BROKEN			
ITEM	INCLUDE / NOT INCLUDE	PICK UP			
CARTRIDGE FILTER BATCH NO.:					
ENHANCER TANK					
CARTRIDGE FILTER					
WHITE HOSE					
SECONDARY HOSE					
FLEXIBLE HOSE					
DIVERTOR					
ADAPTOR					
POWER CABLE					
OTHERS:					
NAME & SIGNATURE	STAFF VERIFIED:		STAFF VERIFIED:		
NAME & SIGNATURE	SENDER VERIFY:		SENDER VERIFY:		

