

COMPUTER REPAIR FORM

(MUST BE COMPLETED BY A REPAIRMAN FROM AN AUTHORIZED REPAIR FACILITY)

The Personal Property Claims Office must determine whether listed item below was caused by the item being dropped or mishandled in shipment, or whether the damage was due to fair wear and tear or a manufacturer's defect.

OWNER'S NAME: _____ HHG DELIVERY/INCIDENT DATE: _____

ITEM EXAMINED: _____ MAKE: _____

Model: _____ Year: _____

- | | |
|--|------------------------------------|
| a. Processor Type and Speed: _____ | e. Video Card Type: _____ |
| b. Hard Drive Capacity: _____ | f. CD ROM Drive, Type/Speed: _____ |
| c. RAM Capacity: Internal: _____ External: _____ | g. Monitor Size/type: _____ |
| d. Sound Card Type: _____ | h. Other: _____ |

1. **EXTERNAL DAMAGE.** There ___ (was) ___ (was not) external damage to the item.
 a. I ___ (was) ___ (was not) able to determine the cause of the external damage. To the best of my knowledge and belief, damage was caused by: _____

b. I came to this conclusion because: _____

Damage Located at : (1) ___ Front (2) ___ Back (3) ___ Right Side (4) ___ Left Side (5) ___ Top (6) ___ Bottom

2. **INTERNAL DAMAGE.** There ___ (was) ___ (was not) internal damage caused by shipment / power surge:

CIRCLE ONE: (1) Definitely (2) Probably (3) Cannot Tell

a. I ___ (was) ___ (was not) able to determine the cause of the internal damage. To the best of my knowledge and belief, damage was caused by: _____

_____ Location of damage: _____

b. I came to this conclusion because: _____

3. I estimate the cost of repairing this damage in:

a. Parts:	\$
b. Parts:	\$
c. Parts:	\$
d. Subtotal of replacement parts:	\$
e. Cleaning or Other Service Charges:	\$
f. Labor: No. Hours: @Hourly Rate of:	\$
g. Taxes: Tax Rate of:	\$

TOTAL: \$ _____

AUTHORIZED REPAIR FACILITY

Facility Name:	
Address:	Telephone Number:
Print Repairman's Name:	Years of Experience:
Repairman's Signature:	Date: