



PRODUCT REPAIR FORM

PLEASE ATTACH PROOF OF PURCHASE FOR ALL ITEMS RETURNED UNDER WARRANTY.

Complete and return the repair form together with the device and all product components (at your cost) to the applicable address below.

Within the Warranty Period- If the device is within warranty, the device will be checked, repaired and returned to you at no cost.

Outside of the Warranty Period- If the device is outside of the warranty period, the cost of repairing the device will be sent to you before the commencement of the repair. We will send you a quotation seeking authorisation to commence repair.

MEDICO PTE LTD
27 New Industrial Road #03-03 Singapore 536212

Name: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Is the unit under warranty: YES NO Copy of receipt attached:

Device Type: _____ Model Number: _____

Serial Number: _____ Date of purchase: ____/____/____

Brief description of the problem you are experiencing:

Should you require any further information please do not hesitate to contact us:

Office: +65 6816 8984 / 6816 8954
Email: sales@medico.com.sg
www.medico.com