

Claim No. (assigned by CHUM CALL)	Date of claim	CHUM CALL order / invoice No.

01 CUSTOMER

Company	Contact person	E-mail
Phone	Country	Your PO No.

02 AFFECTED PARTS

Part number	Manufacturer	Date code / lot	Qty delivered	Qty affected

03 DESCRIPTION OF THE ISSUE

What is wrong? Please describe symptoms, test conditions and how many parts are affected.

How was the issue detected?

☐ Incoming inspection
 ☐ During assembly / SMT
 ☐ Functional test
 ☐ Field return
 ☐ Other

04 EVIDENCE ATTACHED

☐ Photos
 ☐ Test report
 ☐ X-ray images
 ☐ Packaging / labels
 ☐ Other

05 REQUESTED RESOLUTION

☐ Re-supply
 ☐ Refund
 ☐ Other (comment below)

Standard parts are re-supplied; for scarce or hard-to-find parts, where a replacement cannot be guaranteed, the payment is refunded.

06 DECLARATION

I confirm that the information above is correct and that the affected parts are kept unused for return or inspection.

Full name	Position	Date	Signature / company stamp