CameraRail REPAIR / RMA REQUEST FORM

camerarailsystems.com
sales@iprailcctv.com

Complete this form and include a copy inside the shipment. One form per repair case is recommended.

1. CUSTOMER & RETURN DETAILS

Company		**Contact person**	
Email		**Phone**	
Billing / VAT ID		**PO / Reference no.**	
Return address		**Country**	

2. REPAIR TYPE & EQUIPMENT

Request type	☐ Warranty ☐ Paid repair ☐ Inspection	**Estimate**	☐ Required
Product / part name		**Product code / P/N**	
Serial number		**Quantity**	
System / carriage model		**Purchase / invoice date**	
Authorization	☐ Repair up to EUR _____ without estimate	**Urgency**	☐ Standard ☐ Urgent

3. FAULT DESCRIPTION Be as specific as possible

Fault / symptom:

When does it occur? ☐ Always ☐ Intermittently ☐ After warm-up ☐ During movement ☐ Other: _____

Troubleshooting / parts already replaced:

Visible damage, contamination, liquid ingress or other relevant information:

4. ITEMS INCLUDED IN SHIPMENT

☐ Carriage / unit ☐ Power supply ☐ RF modem ☐ Controller / PCB ☐ Cables ☐ Mounting parts ☐ Other: _____

Accessories / additional items: _____

5. CUSTOMER CONFIRMATION

I confirm the information above is correct and authorize CameraRail Systems to inspect the equipment. Non-warranty work will be performed only within the authorization above or after approval of an estimate. Testing may require disassembly and may reset settings or calibration.

Name: _____ Date: _____ Signature: _____

Preferred communication: ☐ Email ☐ Phone Return carrier / account (if applicable): _____

CameraRail SERVICE WORKSHEET

INTERNAL USE

6. RECEIVING & CASE IDENTIFICATION

RMA / Service no.		**Date received**	
Received by		**Package condition**	☐ Good ☐ Damaged
Customer reference		**Warranty status**	☐ Pending ☐ Approved ☐ Not warranty

7. TECHNICIAN DIAGNOSIS

Initial inspection / fault reproduced:
Diagnosis / root cause:
Parts required / replaced:
Additional work / recommendations:

8. QUOTATION / CUSTOMER APPROVAL

Estimate no.		**Estimate amount**	EUR
Sent to customer		**Approval received**	
Decision	☐ Approved ☐ Declined ☐ Return unrepaired	**Approved by**	

9. REPAIR & FINAL TEST

Repair performed:
Final functional test / calibration result:
Test duration / conditions: _____
Result: ☐ PASS ☐ FAIL ☐ No fault found ☐ Beyond economical repair ☐ Returned unrepaired

10. CLOSURE & RETURN

Technician		**Repair completed**	
Return shipment date		**Tracking no.**	
Final invoice / document no.		**Warranty on repair**	