

BELKIN®

Connected Equipment Warranty (CEW) for Surge Protector

Please read the below terms and conditions of CEW before submitting the claim form. For detailed explanation of terms and conditions, please refer to the official Belkin Connected Equipment Warranty document attached with the product.

1. Belkin Asia Pacific Limited (Belkin AP) will repair or replace, as its option, any equipment ("connected equipment") that is damaged by a transient voltage surge, spike or lightning strike (an "Occurrence"), while properly connected through a Belkin Surge Protector to a properly wired power line with protective earth. Belkin AP will spend, to repair or replace the damaged equipment, as its option, an amount equal to the fair market value of the equipment or the original purchase price of the equipment, whichever is the less, up to the maximum set on the product retail box.
2. This warranty shall be null and void if the Belkin surge protector has been improperly installed, altered in any way, tampered with, or if the connected equipment was not used under normal operating conditions or in accordance with any labels or instructions. All Belkin surge protectors must be plugged directly into the power source and must not be "daisy-chained" together in serial fashion with other power strips, UPSes, other surge protectors, or extension cables.
3. Belkin AP reserves the right to review the damaged Belkin Surge protector, the damaged equipment, and the site where the damage occurred. All costs of shipping the Belkin Surge protector and damaged equipment to Belkin for inspection shall be borne initially by the purchaser. If the claim is approved, the cost of shipping will be reimbursed by Belkin.
4. We strongly recommend shipping the damaged surge protector with a carrier who can provide a tracking number. Belkin is not responsible for parcels lost in transit. If we do not receive the damaged surge protector within 10 business days from the date of submission of the claim form, Belkin AP will officially consider the claim closed.
5. The claim must be submitted within 15 days of Occurrence, with an original purchase receipt.

Please prepare the following document and contact Belkin Technical Support representative. They will instruct you where to send the damaged surge protector and who to contact to proceed with the claim. The representative may also ask to forward the damaged equipment for inspection.

1. Completed Claim form.
2. Copy of purchase receipt of the damaged Belkin Surge Protector
3. Copy of purchase receipts of the damaged equipment or an estimate of the repair quote of the damaged equipment
4. Damaged Belkin Surge protector with your full name written using a permanent marker.

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CEW Claim Form

Full Name (Firstname, Surname): [REDACTED]

Address (where the Occurrence took place): [REDACTED]

City: [REDACTED] Country: [REDACTED]

Contact Number: [REDACTED]

Email: [REDACTED]

Belkin Surge Protector Model No. (Start with 'F'): [REDACTED]

Date of Purchase: [REDACTED]

Place of Purchase (Store name and location): [REDACTED]

Cause of failure (e.g. thunderstorm): [REDACTED]

Date of Occurrence: [REDACTED]

Please list out all the connected equipment (both damaged or not damaged), which were properly connected to Belkin Surge Protector during the occurrence.

<u>Connected Equipment</u>	<u>Brand</u>	<u>Model No.</u>	<u>Damaged?</u>	<u>Insured*?</u>	<u>How it connected to Belkin Surge?</u>
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Outlet <input type="checkbox"/> Tel <input type="checkbox"/> Ethernet <input type="checkbox"/> Coaxial

(* Insured by insurance company or Warrant by original manufacturer.)

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Please list out all claimed equipment with estimated amount. Please exclude those already insured or warranty by other companies.

<u>Equipment to be claimed</u>	<u>Brand</u>	<u>Model No.</u>	<u>Replaced?</u>	<u>Repair?</u>	<u>Estimated replace/repair Amount</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	Currency: _____ Amount: _____

Are you willing to write a customer testimonial for Belkin after the claim is completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(* It is voluntary. The selection will not affect the claim result.)</i>
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I understand that by signing this document I hereby confirm that all information listed on this claim form are correct and true. If any information that I have supplied is incorrect, Belkin Asia Pacific Limited may officially close or deny my claim at any time. I have read and fully understand the terms and conditions of Belkin Connected Equipment Warranty document.

Printed Full Name

Signature

Date