

## Information Required for Claim Assessment

### PV System Owner details

First Name

Last Name

E-mail

Phone Number

 - 

Area Code

Phone Number

### PV System Details

PV System Size

PV System Address

Street Address

Street Address 2

City

State / Province

Postal / Zip Code

Country

If "Other", please specify

Proof of Purchase (Please attach a copy of the original invoice/contract)

Invoice or Contract number

System Designer and Installer

Electrical Licence Number

Installation Date

 -  - 

Day

Month

Year

Operation Date

 -  - 

Day

Month

Year

## PV System Details

### Solar Panels

Type/Model No.

Number of Panels Installed

Number of Panels Claimed

### Panels problem

### If "Other", please specify

### Inverter

Type/Model No.

Phase Type

Number of Inverters Installed

### Array Capacity and Inverter Capacity Ratio

/

(DC/AC)

### Panel Mounting

Tilt Angle

### Connection Voltage

## Grid Access Info

Box Transformer Type

Box Transformer Quantity

No-load loss of transformer

Loss of transformer

## PV System Power Generation Info

### Local extreme temperature

Highest (°C)

Lowest (°C)

### Power Generation in the past 12 months

KWh

Month 1

 -  - 

Day

Month

Year

Month 12

 -  - 

Day

Month

Year

Power Generation in the past 30 days

KWh

Day 1

 -  - 

Day

Month

Year

Day 30

 -  - 

Day

Month

Year

### Problem Description

Quantity of the problem modules

All serial numbers of the problem panels

Date when problem occurred

 -  - 

Day

Month

Year

Description of the problem module

Is there shadow blocking near the module?

## Module Performance Check (by Certified Electrician only)

Open circuit voltage of the problem module

Problem module's string voltage

Whether the diode is conducting?

EL check of the problem module

Please attach the following document:

1. Panoramic picture of the whole PV system;
2. HD (High Resolution) photos showing the Problems found, Label and Serial Number of each module under claim, and the layout of the problem modules;
3. Photos showing the lightning protection device and grounding device;
4. HD photos showing the interior of Combiner Box;
5. A copy of the original PV system purchase invoice/contract.

This form has been filled and submitted

By

First Name

Last Name

On

 -  - 

Day

Month

Year

Number of documents/pictures attached

Signature

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