

# DSC-W170 Claim Form

## Customer Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Model Information

Sony Model Number: \_\_\_\_\_  
Sony Serial Number : \_\_\_\_\_

Example:



Date of Purchase: \_\_\_\_\_

Retailer Where Purchased: \_\_\_\_\_

## Service Information

Name of Servicer: \_\_\_\_\_  
Date of Service: \_\_\_\_\_  
Cost of Repair/Service Evaluation (dollars): \_\_\_\_\_  
Evaluation fee: \$ \_\_\_\_\_  
Parts: \$ \_\_\_\_\_  
Labour: \$ \_\_\_\_\_  
**Total: \$** \_\_\_\_\_  
Description of Repair / Other Information: \_\_\_\_\_

This information will only be used to process your reimbursement claim. For a copy of our Privacy Code, please visit our website at [www.sonymstyle.ca/privacy](http://www.sonymstyle.ca/privacy) or call (888) 494-7669.

### **You must include:**

- (1) **Copy of service receipt**
- (2) **This completed form**

Mail this completed form and service receipt to:

**Sony of Canada Ltd.**  
**Attn: Customer Information Centre**  
**115 Gordon Baker Road**  
**Toronto, Ontario, M2H 3R6**

**For questions, please call (877) 899-7669.**