

INFINTI RETAIL LIMITED (trading as Cromā)

TAX INVOICE

Order ID: SLA091RS3657420
 Date and Time: 19/01/2022 09:51 PM
 Order ID: SOA091000170893
 Delivery Location:
 Infiniti Retail Ltd., Hyd-Kondapur-A091,, Plot No.4,, Nagarjuna
 kon,Survey No.19,Kothaguda Village,, Hyderabad, TELANGANA-36,
 500081, Contact - 6364462501

Delivered From
 Hyderabad DC-D022, C/o. Stellar Valuechain, Survey No. 686 (685F
),, Gundlapoachmpalli Medchal Mandal, R.R. Dist, Hyderabad,
 Hyderabad, TELANGANA-36, 500014, Contact-186026627662

Company GST: 36AACCV1726H1ZF

Company GST: 36AACCV1726H1ZF

Indianimmunologicals Ltd
 Mob1-9949250415
 Mob2-9949250415
 INDIAN UMMUNOLOGICAL LTD, Gachibowli,opp Gachibowli
 stadium,
 HYDERABAD, Telangana-36, 500032
 Customer GST:

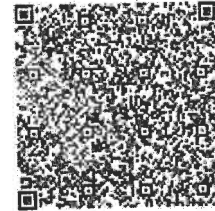
Customer Shipping Address
 Indianimmunologicals Ltd
 Mob1-9949250415
 Mob2-9949250415
 INDIAN UMMUNOLOGICAL LTD, Gachibowli,opp Gachibowli
 stadium,

Place of Supply: Telangana-36

Dynamic QR Code

IRN No:

IRN QRCode.



*Material Received
 of
 Y. Venkatesh
 20.01.2022*

QTY / NO:	Description	Taxable value	Invoice value	Total Discount	Tax Code	Net amount
1.00	SAMSUNG REF FF 670L RT65K7058BS/TL 2S(195059)	60026.10	70830.80	0.00	5V+6V	70830.80
Serial no.:0DVC4DBRB00006 IMEI1: IMEI2: XT:						

HSN : 84181090,Installation required :Y, Demo required :Y

This is a computer generated invoice and does not require a signature

Registered Office: Unit No. 701 & 702, Wing A, 7th Floor, Kaledonia, Sahar Road, Andheri (East), Mumbai 400069, India | Phone Number: 1860-266-27662 | Email ID: customersupport@croma.com | Website: www.croma.com | (CIN): U31900MH2005PLC158120

Shipping Charges:		0
Wrapping Charges::		0
Tata Medical Donation:		0
Payment Mode: Pre-Paid	Invoice value:	INR. 70830.80

Payment Summary

Type	Name	Ref No
Bank NEFT Collection	ZNFT	201138263580

Tax Summary

Tax Type	Tax Code	Tax Rate(%)	Invoice value	Amount
SGST	6V	9.00	70830.80	5402.35
CGST	5V	9.00	70830.80	5402.35
Total Tax Amount:				INR. 10804.7

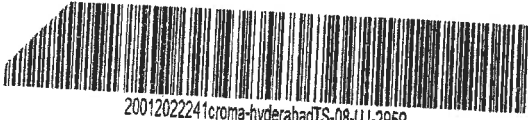
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wherever applicable, GST is levied at applicable rate on the value determined as per Rule 32(5) of the CGST Rules. Covered under reverse charge: No

AN IMMUNOLOGICALS
 Rakshapuram, Gachibowli, Hyc
INWARD
 S L. No. 11GEPG 202201200005
 Date 20/01/22
 Time In 11:33
 Security Sign *[Signature]*

This is a computer generated invoice and does not require a signature

Registered Office: Unit No. 701 & 702, Wing A, 7th Floor, Kaledonia, Sahar Road, Andheri (East), Mumbai 400069, India | Phone Number: 1860-266-27662 | Email ID: customersupport@croma.com | Website: www.croma.com | (CIN) : U31900MH2005PLC158120



Delivery Run Sheet



Consignee Name :
Indianimmunologicals Ltd
Contact No. : 9949250415

Order Id. : SOA091000170893
Shipment No. : 830733440
SKU code : 195049
Desc : SAMSUNG REF FF 670L
RTG6K705BBS/TL 2S
Quantity: 1

Sales Instructions

Consignee Address -
INDIAN UMMUNOLOGICAL LTD Gachibowli
opp Gachibowli stadium Telangana-36

EDD : 20-Jan-2022
Expected Time : 08:00:00 AM to
04:00:00 PM

Payment Mode :
Flag :

Notes:
Call and go??.

CDS Remarks -

Signature of Receiver

*I hereby confirm that the
product has been delivered in
open box & good condition
*No tips please..!!

Consignee Name : NIRMALA GORE
Contact No. : 9324625375

Order Id. : EA7748350
Shipment No. : PH8632126_1
SKU code : 232009
Desc : PANASONIC INV/AC 2T
WU24XKYXF WF 4S
Quantity: 1

Sales Instructions -

Consignee Address -
A1903 SUMADHURA ACROPOLIS 9324625375
9892753303 NANAKRAMGUDA TELANGANA-
36

EDD : 20-Jan-2022
Expected Time : 08:00:00 AM to
04:00:00 PM

Payment Mode :
Flag :

Notes:

CDS Remarks -

Signature of Receiver

*I hereby confirm that the
product has been delivered in
open box & good condition
*No tips please..!!

Consignee Name : KiranKumar E
Contact No. : 9866424362

Order Id. : SOA169050003548
Shipment No. : 828919732
SKU code : 230967
Desc : Faber Hood Zenith FL SC AC
BK 60 (HSN-841451)
Quantity: 1

Sales Instructions -

Consignee Address -
[FLAT NO C 907]HILLCREST BY PACIFICA
FINANCIAL DISTRICT PUPPALGUDA NEAR
Gachibowli Telangana-36

EDD : 20-Jan-2022
Expected Time : 08:00:00 AM to
04:00:00 PM

Payment Mode :
Flag :

Notes:

CDS Remarks -

Signature of Receiver

*I hereby confirm that the
product has been delivered in
open box & good condition
*No tips please..!!

Consignee Name : Kalyan Sunkari
Contact No. : 9966282506

Order Id. : SOA091040004412
Shipment No. : 829694805
SKU code : 235964
Desc : Samsung Soundbar HW Q950A
XL Black (HSN-85182200)
Quantity: 1

Sales Instructions -

Consignee Address -
[FLAT NO-4292]TOWER-4 PRESTIGE HIGH
FIELDS ISB ROAD NANAKARAMGUDA PH
NO:9885196924 BEHIND CONTINETAL
HOSPITAL Gachibowli Telangana-36

EDD : 20-Jan-2022
Expected Time : 08:00:00 AM to
04:00:00 PM

Payment Mode :
Flag :

Notes:

CDS Remarks -

Signature of Receiver

*I hereby confirm that the
product has been delivered in
open box & good condition
*No tips please..!!

SAMSUNG CUSTOMER SERVICE RECORD CARD

Customer Name	Indianimmunologicals Ltd	Service Order No	4341716360	Customer No	3778285577
Address	JUBILEE HILLS Indian immunologicals Ltd Road no 44, State Art Gallery HYDE HYDERABAD Telangana 36 IN 500033			Model Name	RT65K7058BS/TL
E-Mail	a.saiprasad@indimmune.com			Engineer	MOHD JAHANGIR PASHA
Telephone(Home)	9949250415	Customer Preferred Date	00/00/0000	Service Type	II
Telephone(Office)		Purchase Date	19/01/2022	Appointment Date	14/02/2022 (15:25:05)
Telephone(Mobile)	9949250415	ASC Assigned	13/02/2022 (14:31:50)		
Symptom 1	02 Installation	Symptom 2	01 Installation	Symptom 3	01 Installation
1st Service Comment	conf mr ndiani9949250415 visit by eng jahangir@14/02				
Remark	conf mr ndiani9949250415 visit by eng jahangir@14/02				

1st Apt. dd / mm / yy hr min: 15/02/22 13:20 2nd Apt. D.O.P. hr min

Model No. Serial No. 0DVL4DBRB0000GA

Defect Detected (by engineer): *Installation Demo given* Repair Complete Time: 15/02/22 Time: hr min

PRODUCT DETAILS: (Please Specify if Any Problem)

a. Packing Condition: OK NG
 b. Accessory Condition: OK NG
 c. Cosmetic / Appearance: OK NG
 d. Basic Function Check: OK NG

OTHER DETAILS:
 Contact Centre / Service Centre details given: Yes No
 Warranty Terms & Conditions Explained: yes No
 Product Property Cleaned: yes No

No.	Parts Number	Description	P.O. No.	Qty.	Design Loc	Defect	Repair
			14001	02	HA	f	E01

FUNCTIONAL DETAILS:
 Functions need to be explained to customer, Check the boxes as applicable

COLOR TELEVISION	REFRIGERATOR	WASHING MACHINE	MICRO WAVE OVEN
Picture Setting <input type="checkbox"/>	Thermostat Setting <input checked="" type="checkbox"/>	Wash/Rinse/Spin <input type="checkbox"/>	Micro Function <input type="checkbox"/>
Sound Setting <input type="checkbox"/>	Ref. Area <input checked="" type="checkbox"/>	Control Panel Operation <input type="checkbox"/>	Grill Function <input type="checkbox"/>
Channel Setting <input type="checkbox"/>	Freezer Area <input checked="" type="checkbox"/>	Machine Balancing <input type="checkbox"/>	Conventional Function <input type="checkbox"/>
Tuning <input type="checkbox"/>	Side Wall Heating <input checked="" type="checkbox"/>	Water Inlet Fitment <input type="checkbox"/>	Auto Re-heat <input checked="" type="checkbox"/>
VCR/DVD/Connection <input type="checkbox"/>	Proper Usage <input checked="" type="checkbox"/>	Filter Cleaning <input type="checkbox"/>	Auto De-frost <input type="checkbox"/>
Remote function <input type="checkbox"/>	Other Utilities <input checked="" type="checkbox"/>	Noise (Floor Inclined) <input type="checkbox"/>	
		Precautions during Spin <input type="checkbox"/>	
		Outlet Pipe Levelling <input type="checkbox"/>	

ACCESSORY RECEIVED:

COLOR TELEVISION	REFRIGERATOR	WASHING MACHINE	MICRO WAVE OVEN
Warranty Card <input type="checkbox"/>	Warranty Card <input type="checkbox"/>	Warranty Card <input type="checkbox"/>	Warranty Card <input type="checkbox"/>
Instruction Booklet <input type="checkbox"/>	Instruction Booklet <input type="checkbox"/>	Instruction Booklet <input type="checkbox"/>	Instruction Booklet <input type="checkbox"/>
Remote <input type="checkbox"/>	Door Keys <input type="checkbox"/>	Water inlet Pipe <input type="checkbox"/>	Turn Table <input type="checkbox"/>
Batteries <input type="checkbox"/>		Drain Pipe <input type="checkbox"/>	Roller Ring <input type="checkbox"/>
AV Wire <input type="checkbox"/>		Rat mesh <input type="checkbox"/>	

Customer Remarks: *Vanigotla*

Engineer Signature: *M. Jahangir* Customer Sign.: *[Signature]* Date: 15/02/22

Note: This is a record of service rendered & is for usage by Samsung authorised service centre / Samsung only. Call Centre No.: 1800 040 7267864

Managed by: **S.V. ELECTRONICS**

DEFECTIVE PARTS COLLECTED BY CUSTOMER YES No. Sig. by Customer

SAMSUNG

FOLLOW UP DETAILS

Date / Time	Contact Person	Remarks

Activities :

Care packs

Data enrichment

CSR PLANNER

Contacted by :	Date :
----------------	--------

Contact Person :	Time :
------------------	--------

- | | | |
|--|------------------------------|-----------------------------|
| 1. Correctness of Address | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Land Mark Available ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Correct Model No. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Problem Reconfirm | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Can I resolve problem reported on Phone ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is set Earlier Repaired? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Dealer Name

Dealer Area

Purchase Date

Invoice No.

Invoice Amount

CUSTOMER II / DM FEEDBACK FORM

- | | Yes | (No Score) |
|--|--------------------------|--------------------------|
| 1. Now Satisfied were yet with Samsung Services Experience On that product ?
(On ascale of 1 to 7, 7 being the best and 1 being the worst please rate your overall samsung installation experience) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you greeted politely by the vislting engineer ? Y/N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the engineer visit your house on the promised time ? Y/N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How satisfied were you with explaining instructions on your product ?
(On a Scale of 1 to 7, 7 being the best and 1 being the worst) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the engineer properly cleaned the working area / product after installation ? Y/N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How satisfied are you with the engineers behavieour ?
(On a Scale of 1 to 7, 7 being the best and 1 being the worst) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any charges collected by our Engineer & did the engineer give the Receipt ? Y/N | <input type="checkbox"/> | <input type="checkbox"/> |

Customer Remarks / Suggestions

Customer Sign.

Engineer Name / Sign.

Date :