

Out of Warranty/New Replacement i-MID System Component Repair Form

Service Advisor: Complete the following items. _____ Your Initials:

[illegible]

Customer Complaint

- Could the customer demonstrate the problem? ☐yes ☐no • Is it a repeat complaint (same problem on a replacement unit)? ☐yes ☐no
- How long after purchase did the problem begin? _____ days / months / years (Circle one.)

- Where is the problem? Mark all that apply.
- ☐ AM* ☐ FM* ☐ XM* ☐ CD ☐ Bluetooth Audio (Play mode: ☐ Pandora ☐ Music)
- ☐ USB (Device: ☐ iPod ☐ USB drive)
- *List stations in Comments on reverse.

- | | | | | | | |
|--|---------------|---------------------------|-------------------|---------------|-----------------|--------------|
| • Other accessories. Enter H if Honda, X if not. | | ___Tape player | ___CD player | ___CD changer | ___XM radio | ___iPod link |
| Rearview camera | HandsFreeLink | Rear entertainment system | Navigation system | Phone | Security system | |

Conditions

- When:** ☐Always ☐Sometimes ☐After using for ____ minutes or ____ hour(s)
- Where:** ☐Anywhere ☐Rural ☐City ☐Other location (List in comments on reverse.)
- Weather:** ☐All weather ☐Dry ☐Humid ☐Raining ☐Outside temperature: ____ °F
- Driving:** ☐Stopped ☐Moving ☐Both
- Engine:** ☐Running ☐Off ☐Both ☐Other conditions: (List in comments on reverse.)

Shared Functions Check

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Audio output OK? | ☐ Yes | ☐ No | Is there any physical/liquid damage in the display area? | ☐ Yes | ☐ No |
| Steering wheel controls OK? | ☐ Yes | ☐ No | Navi works normally (if applicable)? | ☐ Yes | ☐ No |
| Does radio work w/steering wheel controls? | ☐ Yes | ☐ No | Does Bluetooth audio play correctly? | ☐ Yes | ☐ No |
| Gauges OK (mileage, warning, etc.)? | ☐ Yes | ☐ No | Does USB connection play correctly? | ☐ Yes | ☐ No |
| Clock works normally? | ☐ Yes | ☐ No | Other (Describe in comments on reverse.) | ☐ Yes | ☐ No |
| Rearview camera OK? (If applicable.) | ☐ Yes | ☐ No | | | |
| HandsFreeLink works OK? | ☐ Yes | ☐ No | | | |

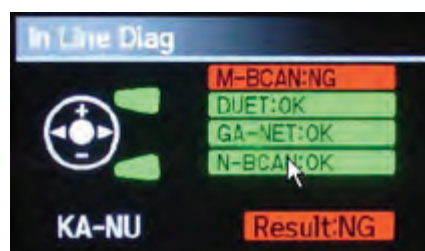
Technician: Mark all that apply. Could you duplicate the problem? ☐yes ☐no Your Initials:

i-MID Display

- | | | | |
|--|------------------------------|-----------------------------|---|
| Is display completely black? | ☐ Yes | ☐ No | Cosmetic Damage? Please describe: |
| Are there lines in the display? | ☐ Yes | ☐ No | ☐ Scratch on display |
| Is there distortion/wrong colors in the display? | ☐ Yes | ☐ No | ☐ Scratch on bezel |
| Does the display backlight work? | ☐ Yes | ☐ No | ☐ Other (Describe in comments on reverse.) |
| Is dimmer setting at minimum or maximum? | ☐ Yes | ☐ No | |
| Is there missing data
(odometer, radio, etc)? (Describe in comments.) | ☐ Yes | ☐ No | |

Diagnostic Check

- Have you done the In Line Diag check?
(Press MENU and SOURCE button and hold for 5 sec. Press MENU and SOURCE button for 10 secs to exit)
- ☐ Yes ☐ No
- Are all checks (M-BCAN, DUET, GA-NET) showing OK?
- ☐ Yes ☐ No
- Are all connections to display connected correctly (i-MID, Radio, Steering wheel controls, etc.)?
- ☐ Yes ☐ No



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Comments (List other symptoms and conditions here.)

Parts Manager: If sending for repair complete the information, and follow the instructions below.

Payment Options (for out-of-warranty repairs; see S/B 06-001 for supplier information)

☐ **Check number** _____

Must enclose check with unit when sending to supplier for repair.

☐ **Credit card*** _____ Exp : _____

☐ **M/C**

Signature is required to authorize charge to cardholder.

☐ **VISA**

Name (Print) _____

Authorized Charge Amount

Signature _____

\$ _____

Phone _____

*Suppliers accept MasterCard and Visa. If paying by credit card, all information requested must be completed.

Parts Information

- Make two copies of this completed form. Attach the original (Dealer Copy) to the hard copy of the repair order.
- **New Replacement:** Pack one copy of this completed form and a copy of the warranty claim in the box with the faulty unit.
- **Out-of-Warranty:** Pack one copy of the completed form in the box with the faulty unit **when sending to the supplier for repair.**

Warranty Claim Number	Faulty Unit Part Number	Serial Number	Replacement Unit Part Number	Serial Number
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