	REQUEST FOR SUI	PPLYMENT PAR	<u>IS</u>	
Contractor: Accident Case	TAX/(0/20/2020	Date of Colle	ction	/ /
Number Vehicle No	SHB 635 M	Date of Requ	uest	13/10/2020
Vehicle Model	TOROTA PRIMS	Number of Da Extend (If any)	-	× I day
S/N Part Nur	mber Part Descri	ption	Quantity	Unit Price
D/IV I D/IV	REPR BUMPER	REINFORCEME	M In	/137
	ARM SUB ASSI		1	/Bt
	/	AN Bumper BE	1	\$ 180 8
			NEL	\$200 150
			MEL	\$ 200/
		V		
	<- <please photo<="" submit="" td=""><td>ographs for damaged parts>>></td><td>></td><td></td></please>	ographs for damaged parts>>>	>	
I, (Name)				
(Position)				
vehicle.	sincerely declare that:- Suppleme	 Sig [to b	gnature of persor	n making this declaration t of an authorised witnes
I acknowledge that this liable to the damages o	declaration is true and correct, and I make it f perjury.	with the understanding and	helief that a person	who makes a false declaratio
For SMRT Staff				
Acknowledge I	By ARC Executive / Sup	pervisor / SA		
Approval By	Surveyor / In-hor	use Staff		
Parts Orderin	SMRT Store / Contractor S	Supply / Form 22 /	Form22 / PO /	WOC/ Reservation/Number

YES/NO

Date of submission

Photo Submitted