REQUEST FOR SUPPLEMENTS PARTS

Contractor:	STRIDES AUTOMOTIVE			
Accident Case Number	TAX/01/22/2022	Date of Collection	/ /	
Vehicle No	SHB1169K	Date of Request	27/1/2022	
Vehicle Model	MORRISGARAGES	Number of Days to Extend (If any)	1	

S/N	Part Number	Part Description	Quantity	Total Price
1	10726677	LAMP ASM-RR FOG - RH	1	\$189.08

<>< Please submit photographs for damaged parts >>>

I, (Name)			
(Position)			

do solemly and sincerely declare that:- Supplementary Parts are raised for replacement for the aforesaid vehicle.

Signature of person making this declaration (to be signed in front of an authorised witness)

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the damages of perjury.

For SMRT Staff

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ARC Executive / Supervisor / SA			
Surveyor / In-house Staff			
SMRT Store / Contractor Supply / Form 22 / WOC	Form22 / PO / WOC/ Reservation / Number		
YES / NO	Date of submission		
	Surveyor / In-house Staff SMRT Store / Contractor Supply / Form 22 / WOC		