

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>16/5/22</u> Time Received: <u>0130</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR ONG</u> Contact No.: <u>96823344</u> Vehicle No.: <u>SHA5389X</u> Make / Model / Colour: <u>ZONIQ</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>451 Serpong west way</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented / : Scatched O: Missing  Signature of Customer _____
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Job Attended	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Ben</u> Vehicle No. : <u>67245812</u> Time Dispatch : <u>0130</u> Time of Arrival : <u>0210</u> Time Completed : <u>0300</u>	

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____
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### Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>16/5/22</u> Date	<u>0300</u> Time	Signature of Customer _____
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### 14. WORKSHOP

Name of Attending Staff/Guard : _____	Date & Time of Arrival : _____	Signature of Attending Staff/Guard : _____
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