

ComfortDelGro Engineering Pte Ltd

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Service/Centres

205 Braddell Road Singapore 579701
45 Pandan Road Singapore 609285
7 Sunge Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649





IOR REQUISITION FOR BREAKDOWN / TOWING SERVICE

JOB REQUISITION FOR BILE.			
Job Requisition	2.02		4. Tune of Towing
1. Date: 1 1 200 Time Re	eceived: 0330 3. V	∕ehicle Type: ☐ Private	4. Type of Towing: Normal Tow
2. New SPARK	· Province	Taxi (CTPL/CCPL)	King Dolly
Name of Customer : Mr To	· C.	Fleet	Flat Bed
Contact No. : 9783	6011 .	STK (Boon Lay)	Crane-up
Vehicle No. : SH 68)9U 5. N	lature of Service:	6. Parts Replaced/Remarks:
Make/Model/Colour:) [Jumpstart Recovery	
Email :		Change Tyre / Battery	
7. Location:	glap line	Smok	w - In Workshop:
9. Preferred Workshop:	0 1		neating Steering Faulty Faulty Alternator Faulty
	oyang Pand	ian	ng Problem Loss Power
Sin Ming Komoco (UBI / Leng Kee)	Sungei Kadut Ubi	e & Carriage (PD)	
Others:		Retur	n Taxi
10. Odometer Reading :	· · · · · · · · · · · · · · · · · · ·	11. Radio / CD Player	FRONT
Fuel Level : F	1/4 1/2 3/4 E	OK Faulty Not tested	
Job Attended			
12. Tow Truck / Recovery Van : VRS QA GAO OTHERS			
	/RS QA GAO C	OTHERS	
Name of Driver :	Michael		REAR
Vehicle No. :	(13F 90)	<u> </u>	#: Cracked X: Dented
Time Dispatch :	0830		/ : Scatched O: Missing
Time of Arrival :	0400		† ·
Time Completed :	0940		Signature of Customer
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
Customer Acknowledgement			
I have been advised to remove all valuable cash cards, spectacles, pen, etc.	items in my vehicle, including Glo	pal Positioning System (GPS), audio co	ompact disk, thumbdrive, carpark coupons,
o. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.			
: Surcharge: Towing fee will be levied if the c	ustomer decides neither to tow n	or proceed with the repairs in SPARK (Car Care™.
1.12 000	09-40		
Date	Time	Siar	nature of Customer
4. WORKSHOP		O.Ig.	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
TOTALON			
	D. A. S. Times of Assista		
Name of Attending Staff/Guard	Date & Time of Arriva	Signature	of Attending Staff/Guard
			WORKSHOP COPY