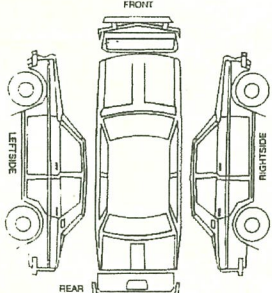


JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition							
<p>1. Date: <u>23/6/23</u> Time Received: <u>1520</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : _____</p> <p>Contact No. : <u>93284761</u></p> <p>Vehicle No. : <u>8HA 82218</u></p> <p>Make / Model / Colour : <u>10</u></p> <p>Email : _____</p>	<p>3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay) </p>	<p>4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up </p>					
<p>7. Location: <u>Tg Pagar Rd</u></p>	<p>5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery </p>						
<p>6. Parts Replaced/Remarks: _____ _____ _____ </p>							
<p>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 </p>							
<p>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: _____ </p>							
<p>10. Odometer Reading : _____</p> <p>Fuel Level : <table border="1" style="display: inline-table;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table></p>	F	1/4	1/2	3/4	E	<p>11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested </p>	<div style="text-align: center;">  </div> <p># : Cracked X : Dented / : Scatched O : Missing</p>
F	1/4	1/2	3/4	E			
Job Attended							
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> <u>DA</u> <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS</p> <p>Name of Driver : _____</p> <p>Vehicle No. : _____</p> <p>Time Dispatch : _____</p> <p>Time of Arrival : _____</p> <p>Time Completed : _____</p>							
Cash Invoice Details (if applicable)							
<p>13. Cash Invoice No. : _____</p>							
Customer Acknowledgement							
<p>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.</p> <p>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.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>							
<p style="font-size: 2em; text-align: center;">23/6/23</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 30%;"> <p>_____</p> <p>Time</p> </div> <div style="width: 30%;"> <p>_____</p> <p>Signature of Customer</p> </div> </div>							
14. WORKSHOP							
<p>_____</p> <p>Name of Attending Staff/Guard</p>							
<p>_____</p> <p>Date & Time of Arrival</p>							
<p>_____</p> <p>Signature of Attending Staff/Guard</p>							