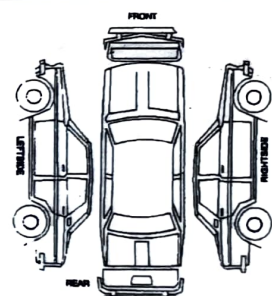


## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

<b>Job Requisition</b> 1. Date: <u>6/7/23</u> Time Received: <u>1830</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR TEO</u> Contact No. : <u>9696282</u> Vehicle No. : <u>SHR1122P</u> Make / Model / Colour : <u>IONIQ</u> Email : <u>IONIQ</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 type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>BENDAMER Rd</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:  
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: _____		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 checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading : _____ Fuel Level : <u>F</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>E</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
<b>Job Attended</b> 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> OTHERS Name of Driver : <u>Rehan</u> Vehicle No. : <u>4W8192</u> Time Dispatch : <u>1830</u> Time of Arrival : <u>1905</u> Time Completed : <u>1930</u>		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer _____	

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

1. 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.
2. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
3. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

6/7/23 Date \_\_\_\_\_ Time \_\_\_\_\_ Signature of Customer \_\_\_\_\_

### 14. WORKSHOP

Name of Attending Staff/Guard \_\_\_\_\_ Date & Time of Arrival \_\_\_\_\_ Signature of Attending Staff/Guard \_\_\_\_\_