



Defect Repair Request Form (Unit No:)

Owner	Mr/Ms	Agency	Mr/Ms
Tenant	Mr/Ms	Others	Mr/Ms
Contact No.	Mobile : E - mail :	Management Office	Mr/Ms

Defect on: Air-con Home Automation Leaking Door/Window/Mirror Painting Others

No	Item	Quantity	Unit Price	Total
Grand total				

<Defect Description>

Defect Description (Customer)	Starting / Completion Schedule	Payment Agreement(Client)
	Starting :	
	Completion :	YES / NO
	Comments :	Date :
Name / Signature :	Name / Signature :	Name / Signature :
Team Action By (Contractor)	Recommended Actions (Management Team)	Estimated Cost
Company :	Date :	Date :
Supervisor :	Comments :	Name :
Comments :		Estimated Cost
Name / Signature :	Name / Signature	

- Starting / Completion Date should be mentioned after discussion with Maintenance or Sub-contractors.
- If Action team or Management Office needs photos, it should be attached.

Confirmation

By Sub-Contractor	By Maintenance Team	By Management Office
Date :	Date :	Date :
Company :	Company :	Company :
Name / Signature	Name / Signature	Name / Signature