DEFECT FORM

CUSTOMER & COMMUNITY SERVICE DEPARTMENT

Office use		Revision No:	6
Received Date :	Forwarded by :	Effective Date	6/1/2020
Received By :	Accepted By :	Ref No :	
Time :	Date :		
Signature :	Time :		

Date	
Hse No.	
Phase	
Owner (s) Name	
Owner's Tel No.	

Office use

No	Particulars of Defect	Location	Office use: Category of Defect	Office use: Inspection Date (C.O.W)

☐ I/We hereby return a set of sliding door key for the retification work. I/We shall understand the developer would not be responsible for any damages or loss to any part or portion of the premises, fixtures, fittings or anything therein and any theft occurrence.

OR

☐ I/We hereby return defect list and I/We would like to confirm the appointment on _____ at _____ for the retification work. I/We shall understand the developer would not be responsible for any damages or loss to any part or portion of the premises, fixtures, fittings or anything therein and any theft occurrence.

I/We understand the renovation works shall not be carried out during the defect rectification works. I acknowledge and agree that if the renovation work is carry out with the concurrently or expenses, or any kind may arise, directly or indirectly.defect rectification works, it is at my own risk and the Developer is NOT liable for any direct and indirect or damages, or any losses,costs

Signature (owner)

NOTE: DEFECT DATE SHALL BE COMMENCED ONCE THE APPOINTMENT & KEY(S) ARE IN ORDER. DO NOT USE MAKER PEN , PAINT, STICKERS OR ANY OTHERS MATERIALS WHICH CAN CAUSE / LEAVE PERMANENT STAINS ON ANY SURFACE IN YOUR UNIT.

Office use only

Completed on :	Key Status / Return		Remarks
	YES / NO	Nos :	

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