PDF

CUSTOMER CARE UNIT

No 8, Jalan Suria, Bandar Seri Alam, 81750 Johor Bahru

Tel : 07-388 1111

Email : sap@umland.com.my

PROJECT DEFECT FORM

DATE : _____ NAME : _____

PHASE : _____ NO TEL : _____

PTD. NO. : _____ E-MAIL : _____

INSPECTION NO. : _____

NO	LOCATION	DEFECTS / COMPLAINTS

CSU Representative:

Date:

Purchaser :

Date:

REMARKS :

☐ I hereby forward one (1) set of keys to SAP for purpose of rectification works on the above stated complaints and will not hold SAP liable for any loss and / or damages to my property.

☐ Main door key ☐ Yard Key ☐ Padlock key ☐ Others : .....

REMARKS :

Duplicate copies extended to C.O.W
& Contractor for rectification works
Original copy to be returned to CSU

Defect Unit : .....

Date : .....

Contractor: .....

Date : .....

Last Updated: 20th Sep 2016