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 Tel no.: +603 8023 2733  
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Tic.No

Date: \_\_\_\_\_

Issued By: \_\_\_\_\_

Call No: \_\_\_\_\_

## SERVICE REPORT

<b>COMPANY</b> _____	
<b>ADDRESS</b> _____	<b>CONTACT PERSON</b> _____
_____	<b>TELEPHONE (O)</b> _____
_____	<b>TELEPHONE (H)</b> _____
_____	<b>FAX NO</b> _____

**PRODUCT DETAILS**

NO	PPRODUCT DESCRIPTION	SERIAL NO

SERVICE STATUS
<input type="checkbox"/> WARRANTY
<input type="checkbox"/> CHARGEABLE
<input type="checkbox"/> MAINTENANCE CONTRACT
<input type="checkbox"/> CARRY IN
<input type="checkbox"/> ON SITE
<input type="checkbox"/> TIME IN
<input type="checkbox"/> TIME OUT

**SERVICE REQUEST**


INTERNAL REFERENCE
QUO #:
PO #:
INVOICE:

**ACTION(S) TAKEN**


ATTENDED BY
NAME:
DATE:

SERVICE BY
NAME:
DATE:

**CHARGES**

NO	PRODUCT DETAILS	QTY	AMOUNT
<b>TOTAL</b>			

Customer acknowledges collection stated of equipment(s)

Customer acknowledges that the above job has been done satisfactory

Attention: This service report can be use only for Daihatsu Show Room, DMM Sales Show Room and Daihatsu Service Centre appointed in the service contract only.

\_\_\_\_\_  
 Name:  
 Date:

\_\_\_\_\_  
 Name:  
 Date: