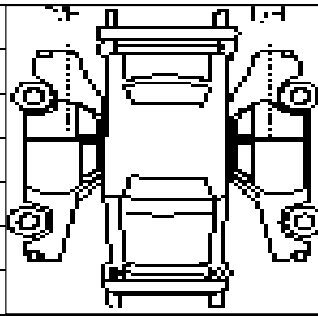
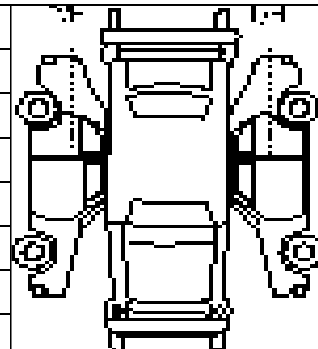


**VEHICLE SERVICE/REPAIR REQUISITION FORM**

<b>SERVICE OR REPAIR to be filled by Company Pool Vehicle Administrator (CPV)</b>			
Vehicle Registration No.		Form date	
Model		Recommended workshop	
		Date to be sent to workshop	
Nature of Service / Repair (Mark the diagram)			
* Last service / repair date		Current Mileage	
* Last service / repair workshop		* Last service / repair mileage	

\* Fill-up by FAD-ADM

<b>ACCIDENT / DAMAGE REPORT (to be filled by CPV Administrator)</b>				
Name of the person involved in the accident				
Date and time of accident				
Place of the accident				
State nature of damage (mark the diagram)				
<b>To be filled by FAD-ADM :- Please tick <input checked="" type="checkbox"/> at appropriate column</b>				
Documents to be attached	<input type="checkbox"/>	Original police report	<input type="checkbox"/>	Photocopy of identification card
	<input type="checkbox"/>	Photograph of vehicle	<input type="checkbox"/>	Photocopy of driving licence
Insurance coverage	<input type="checkbox"/>	Comprehensive	<input type="checkbox"/>	3rd party
Estimated repair cost	RM			
Recommended workshop (state reason)				
Date to be sent for repair		Expected date of return		

Requestor:		Verified (E-MAS FAD-ADM)		Approved / Not Approved (ERLSB)
CPV Administrator	HoD	FAD-ADM	FAD HoD	
Name:	Name:	Name:	Name:	Name:
Date:	Date:	Date:	Date:	Date: