

DEFECTS INSPECTION FORM (VP7)

CRD-P02-04/01
Effective Date: 08.01.19

Lot/Unit No :

Phase/Parcel : 1A TYPE C (CORNER LOT)

Date :

Owner's/Representative Name :	Contact No :	Address :
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FIRST FLOOR

TERRACE

GUEST ROOM

BATH 5

STORE 2

LIVING

DINING

COURTYARD

ENTRANCE FOYER

FOYER

STORE 3

BATH 6

KITCHEN

DRY YARD

CARPORCH

BALCONY

MASTER BATH

MASTER BEDROOM

STORE 4

FAMILY AREA

BEDROOM 4

BATH 2

BEDROOM 2

BEDROOM 3

BATH 3

BATH 4

[illegible]

Acknowledgement Section

	By Key - No. of key received _____pc(s)
	By Appointment
	Others - Please specify: _____

Note: Tick if complaint received via email / call / others.

Owner/Authorized Representative		Developer's Representative	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
(Signature)		(Signature)	
Name :		Name :	
Email <input type="text"/>	Call <input type="text"/>	Date :	
Others <input type="text"/> <i>Pls specify:</i>			

Acknowledgement After Rectification / Re-inspection

I confirmed that the defects encountered have been attended.

Owner/Authorized Representative	Developer's Representative
<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> (Signature)	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> (Signature)
*Keys returned (pc) :	Name :
Name :	Date :
Date :	