Lot/Unit No : 1048	Phase/Parcel : 1A TYPE A (INTE	ERMEDIATE)	Date :
Owner's/Representative Name :		Contact No :	Address:
GROUND FLOOR	FIRST FLOOR	Item Des	scription
TERRACE GUEST ROOM	MASTER BEDROOM		
LIVING BATH 4	MASTER BATH		
BATH DINING	FAMILY AREA STORE		
STORE 3	BATH 2		
FOYER KITCHEN	BEDROOM BEDROOM 2		
CARPORCH			
Acknowledgement Section			
By Key - No. of key received	pc(s)		
By Appointment			
Others - Please specify: Note: Tick if complaint received via email / call / others.		Acknowledgement After Rectification / Re-inspection I confirmed that the defects encountered have be	<u>n</u> en attended.
Owner/Authorized Representative	Developer's Representative	Owner/Authorized Representative	Developer's Representative
(Signature)		(Signature)	
Name :	(Signature)	*Keys returned (pc) :	(Signature)
Email Call	Name :	Name :	Name :
Others Pls specify:	Date :	Date :	Date :