

**Service Invoice No:**

0001-06-19

FUJIOH INTERNATIONAL TRADING PTE LTD. 130 Joo Seng
Road #05-05 S(368357)
Tel:62862284 Fax : 6285 3285 Co.Reg.No :199305801D GST
Reg No : M2-0117513-5

Attached Checklist
☐ Yes ☐ No

Customer:	melvin
Home Contact:	12345678
Mobile Contact:	65 12345678
Address:	130 Joo Seng Rd, Singapore #05-05 368357
Receive Date:	18/06/2019

Model No:	FR-CL1890R RS
Serial No:	19000067
Delivery Date:	16-06-2019
Installed by:	
Warranty Card No:	1906-02375
Warranty:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Special Request: 08/08/2019 call first
Date & Time of Service:	05:00 - 20:48

Fault Analysis:

touch control not working

Fault Analysis:

Parts Replaced:

Parts	Part Code	Quantity	Amount	Remarks
rectifier panel	123456	1	160	

Billing For:

Services/Labor: _____ Transport/Inspection: \$0 Parts: \$160
Total: \$160

☐ Cash ☐ Cheque No: _____

I hereby confirm that the gas appliance(s) which was/were installed / serviced / repaired has/have been tested in accordance with Regulation 21 of Gas (Supply) Regulations and the work in compliance with the Gas (Supply) Regulations

☐ Gas appliance(s) is safe to use

I confirm that the above work/services has been completed to my satisfaction and acknowledge the following conditions:

(ii) Fujioh Int'l Tdg Pte Ltd reserves all rights to change the above terms and conditions without prior notice.

Acknowledged By,

Customer Signature &
Date

FUJIOH INTERNATIONAL TRADING PTE LTD. 130 Joo Seng
Road #05-05 S(368357)
Tel:62862284 Fax : 6285 3285 Co.Reg.No :199305801D GST
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Attached
Checklist
☐ Yes ☐ No

Customer:	ANNIE WONG TECK KIONG	Model No:	FV-EL51GL
Home Contact:	94594291	Serial No:	18245415
Mobile Contact:	65 94594291	Delivery Date:	30-11-2018
Address:	blk 731 woodlands circle #11-01 730731	Installed by:	
Receive Date:	26/12/2019	Warranty Card No:	1901-01058
		Warranty:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Special Request:
		Date & Time of Service:	02/01/2020 00:00 - 14:00

Fault Analysis:

OVEN TIMER CAUSE TRIPPED

Fault Analysis:**Parts Replaced:**

Parts	Part Code	Quantity	Amount	Remarks
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Billing For:

Services/Labour: \$0 Transport/Inspection: \$0 Parts: \$0
Total: \$0

☐ Cash ☐ Cheque No: _____

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