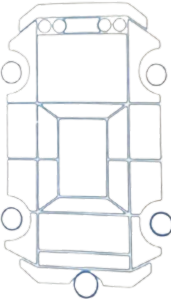


<input type="checkbox"/> PM	_____ K	<input type="checkbox"/> GR	<input type="checkbox"/> WR	<input type="checkbox"/> Internal	<input type="checkbox"/> Appointment	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Pick-up	_____			_____		
Reception	Date : 00/00/0000			Time: _____ : _____		
	Changes :					
Delivery	Date : 00/00/0000			Time: _____ : _____		
	Changes :					

Repair Order No.:			Date :	00 / 00 / 0000	
Service Invitation	<input type="checkbox"/> Failed	<input type="checkbox"/> Succeed	Date :	00 / 00 / 0000	
B/O Parts			Staff Name		
Appointment Confirmation			Staff Name		
Parts Ordered			Staff Name		
Parts Confirmed			Staff Name		

Customer Information				Vehicle Information				Previous Service Information			
Name				Vehicle Reg. No.				Job Type	Lorem ipsum	R/O No.	Lorem ipsum
Address				Model (Year)				Odo. Read.		Payment	
Mobile TEL No. <input type="checkbox"/>	123456789012345	Available Time	Date: 28/02/2001 Time: _____	Model Code				Rec. (Data & Time)	00/00/0000 _____		
Home TEL No. <input type="checkbox"/>		Driven By <input type="checkbox"/> Owner <input type="checkbox"/> Family <input type="checkbox"/> Others ( _____ )		VIN No.				Del. (Data & Time)	00/00/0000 _____		
Office TEL No. <input type="checkbox"/>			Color Code		E/G No.	Lorem	Car Wash	Replaced Parts			
Email <input type="checkbox"/>				Sale Date		DLR Code		SA		TECH	
Others				SSC / SC Info.	<input type="checkbox"/> NA	Op. No.		Tech Advise			
				Completed Op. No.							

Customer's Request / Concerns (in customer words)				<input type="checkbox"/> Request For TA		<input type="checkbox"/> Appointment	
_____ _____ _____ _____				Date		Date	
				00/00/0000		28/02/2001	
				Time		Time	
				_____		_____	
						Staff Name	_____
Job Details / Parts Replacements			Parts No.	Quantity	Labor Hours	Estimation	
_____							
_____							
_____							
_____							
_____							
_____							
_____							
			Labor Total 2000	Parts Total 2000		Grand Total	_____

Walk-around Check			Floor Mat Condition		Confirmation			Reception	
	Tools.....	<input type="checkbox"/>	<input type="checkbox"/> Good	No Good	Replaced Parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date 00/00/0000	
	Cig. lighter.....	<input type="checkbox"/>	<input type="checkbox"/> Non-Genuine	<input type="checkbox"/> Not Fixed	Car Wash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time _____	
	Spare Wheel.....	<input type="checkbox"/>	<input type="checkbox"/> Double Mat	<input type="checkbox"/> Others	Valuable	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Radio/Cassete.....	<input type="checkbox"/>	[ Lorem ipsum dolor sit amet consectetur adipisicing elit. Quas sit assumenda aspernatur ad recusandae. ]		Protective Covers	<input type="checkbox"/> Seat	<input type="checkbox"/> Floor		
	Lights Condition.....	<input type="checkbox"/>			Memo		<input type="checkbox"/> Accessories Installation	Staff Name	_____
	Fire Extinguisher....	<input type="checkbox"/>	Payment Method						
	Damages / Dent....	<input type="checkbox"/>	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card					
	No of Keys.....	<input type="checkbox"/>	<input type="checkbox"/> Cheque	<input type="checkbox"/> Others					
Inspected By :- Lorem ipsum dolor, sit amet consectetur adipisicing elit.			[ Lorem, ipsum dolor sit amet consectetur adipisicing elit. ]		_____ _____				
Odometer Reading-in	Km		Fuel	E _ _ _ _ F	I have received explanation of and agreed to the items listed above, and accept these terms and conditions.				
					➡ Customer Signature _____ Date: 00/00/0000				

TERMS & CONDITIONS: Vehicles and contents are stored and driven by our staff at owner's risk. No responsibility attaches to us for loss by frost, fire, burglary, theft, accident, delay due to non-availability of material or other causes whatsoever.

If further essential work is required we will proceed at our discretion. New parts will be supplied and fitted as required. Estimates are provisional and not binding.

All manufactured goods supplied subject to the terms & condition laid down by the manufacturer.

CASH ON DELIVERY: Unless credit arrangement satisfactory to ourselves have made in advanced. An express mechanics lien is hereby acknowledge to secure the amount of repairs thereto.

"I/We authorise the itemised work to be carried out on the above vehicle and agree to the terms & condition printed herein. I/We will be responsible for payment of this account at your customary rates and charges."

Tel : +255 27 2544092

Owner Authorisation : L.P.O No. 

\_\_\_\_\_

Vehicle Registration No. : 

\_\_\_\_\_

Customer Care : **0786 869 682**

Tel: 0786 TOYOTA

**TOYOTA** TOYOTA TANZANIA LTD

**Service Advisor Phone:** \_\_\_\_\_

N.B. PLEASE KEEP THIS CARD IN A SAFE PLACE IN YOUR INTEREST YOUR VEHICLES KEYS WILL NOT BE RELEASED UNLESS THIS CARD IS PRESENTED.

**Please remove all valuables from your vehicle.**

**For information on progress of your Job or Vehicle, please call Service Advisor above.**

☒ PRIORITY

☐ WAITING

☐ PM

K

☐ GR

☐ WR

☐ Internal

☐ Appointment

☐ Walk-in

☐ Pick-up

Reception

Date : 00/00/0000

Time: \_\_\_\_ : \_\_\_\_

Changes :

Delivery

Date : 00/00/0000

Time: \_\_\_\_ : \_\_\_\_

Changes :

Repair Order No.:

Date :

00 / 00 / 0000

Name

Lorem, ipsum dolor.

Vehicle Reg. No.

123456789012345

Address

Model (Year)

Model Code

Contact Info

☐ Mobile

☐ Home

☐ Office

☐ Email

☐ Others

VIN No.

Color Code

Job Details / Parts Replacements	Parts No.	Quantity	Labor Hours	Estimation	Result
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
	Labor Total	2000	Parts Total	2000	Grand Total

Job Time	Plan	Actual	Technician	Location Code
Start	Date 00/00/0000    Time ____ : ____	Date 00/00/0000		Key    Stall
Changes		Time ____ : ____	<input type="checkbox"/> Test Drive <input type="checkbox"/> Problem Eliminated	Waiting For Service
Completion	Date 00/00/0000    Time ____ : ____	Date 00/00/0000	Actual Hours Clocked    Confirmed By	Waiting For Washing
Changes		Time ____ : ____	____ : ____	

Job Time	Plan	Actual	Job Stoppage Time	Customer Contact	
Start	Date 00/00/0000    Time ____ : ____	Date 00/00/0000    Time ____ : ____		Date 00/00/0000	
Re - Start	Date 00/00/0000    Time ____ : ____				
Changes		Date 00/00/0000    Time ____ : ____		Time ____ : ____	
<input type="checkbox"/> Additional Jobs		<input type="checkbox"/> Others [ Lorem ipsum dolor sit amet. ]	Staff Name		
Job Details / Parts Replacements	Parts No.	Quantity	Labor Hours	Estimation	Result
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
					<input type="checkbox"/> ____
Parts B/O Status	<input type="checkbox"/> Dist ETA 00/00/0000 <input type="checkbox"/> Rescheduled	Labor Total 2000	Parts Total 2000	Grand Total	

Cash Wash	Plan				Actual				Staff Name
	Date	00/00/0000	Time	_____ : _____	Date	00/00/0000	Time	_____ : _____	

Pre Delivery Confirmation	①		②	① Done By		
	<input type="checkbox"/>	Cleanliness (External / Internal)	<input type="checkbox"/>	② Confirmed By		
	<input type="checkbox"/>	Protective Cover Removal	<input type="checkbox"/>			
	<input type="checkbox"/>	Outer Mirror / Seat Position	<input type="checkbox"/>			
	<input type="checkbox"/>	Clock Or Audio Adjustment	<input type="checkbox"/>			
	<input type="checkbox"/>	Floor Mat Proper Installation	<input type="checkbox"/>			
	<input type="checkbox"/>	Symptom Resolution [ GR ]	<input type="checkbox"/>			
Odometer Reading-Out			Km			
Job Completion Notification	Date 00/00/0000		Time _____ : _____		Staff Name	
Job Results Explanation	<input type="checkbox"/>	Job Details Explanation		Location Code		
	<input type="checkbox"/>	Invoice Explanation			Key	Stall
	<input type="checkbox"/>	Floor Mat Confirmation		Waiting For Delivery		
	<input type="checkbox"/>	Results / Symptom Resolution [ GR ] Confirmation w / Customer				
Delivery	Date 00/00/0000		Time _____ : _____		Staff Name	
Customer	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Family		
	<input type="checkbox"/>	Others ( Lorem ipsum, dolor sit. )				

Post Service Follow-up					
Plan	Date 00/00/0000		Time _____ : _____		
Contact Info.	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Email <input type="checkbox"/> Others				
	<input type="checkbox"/> Owner <input type="checkbox"/> Family <input type="checkbox"/> Others ( )				
Actual	Date 00/00/0000		Time _____ : _____		
Results	<input type="checkbox"/> Satisfied		<input type="checkbox"/> Dissatisfied		
	<input type="checkbox"/> Customer Care Qaulity		<input type="checkbox"/> Price		
	<input type="checkbox"/> Technical Qaulity (FIR)		<input type="checkbox"/> Facilities ( _____ )		
	<input type="checkbox"/> Others				
Staff Name			Confirmed By		









Customer's Preference and Choices	
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☒ PRIORITY☐ WAITING

<input type="checkbox"/> PM	_____ K	<input type="checkbox"/> GR	<input type="checkbox"/> WR	<input type="checkbox"/> Internal	<input type="checkbox"/> Appointment	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Pick-up	_____		_____			
Reception (for Repair)	Date : 00/00/0000			Time: _____ : _____		
	Changes :					
Delivery (for Repair)	Date : 00/00/0000			Time: _____ : _____		
	Changes :					
Reception (for Diagnosis)	_____					
	_____					
Delivery (for Diagnosis)	_____					
	_____					

Repair Order No.:		Date :	00 / 00 / 0000
Name	Lorem, ipsum dolor.	Vehicle Reg. No.	123456789012345
Address		Model (Year)	
		Model Code	
Contact Info	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home	VIN No.
	<input type="checkbox"/> Office	<input type="checkbox"/> Email	Color Code
	<input type="checkbox"/> Others		
	<input type="checkbox"/> Accessories Installation		
_____			
_____			
_____			

## Symptoms And Conditions

Category	<input type="checkbox"/> Engine	<input type="checkbox"/> Chassis	<input type="checkbox"/> Electricity	Indicator Lamp	 <input type="checkbox"/> Malfunction Indicator Lamp ( <input type="checkbox"/> Lighting <input type="checkbox"/> Flashing <input type="checkbox"/> Multiple Flashing: _____ )		
Ignition	<input type="checkbox"/> Noise	<input type="checkbox"/> Vibration	<input type="checkbox"/> Others (_____)		 <input type="checkbox"/> Low Engine Oil Pressure Warning Light		
From When	<input type="checkbox"/> Cranking ( <input type="checkbox"/> Yes <input type="checkbox"/> No ) <input type="checkbox"/> Engine Starting ( <input type="checkbox"/> Yes <input type="checkbox"/> No )				 <input type="checkbox"/> High Engine Coolant Temperature Warning Light		
Frequency	<input type="checkbox"/> Recently <input type="checkbox"/> 1 Week Ago <input type="checkbox"/> Others (_____)				 <input type="checkbox"/> Low Engine Coolant Temperature Warning Light		
Place	<input type="checkbox"/> Always <input type="checkbox"/> Occasionally <input type="checkbox"/> One Time Only <input type="checkbox"/> Others (_____)				 <input type="checkbox"/> Electric Power Steering System Warning Light		
	<input type="checkbox"/> Ordinary Road <input type="checkbox"/> Highway <input type="checkbox"/> Slope <input type="checkbox"/> Flat <input type="checkbox"/> Rough/Dirt <input type="checkbox"/> Bumpy <input type="checkbox"/> Others (_____)				 <input type="checkbox"/> Anti-Lock Break System Warning Light		
Weather	<input type="checkbox"/> Fine <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Windy <input type="checkbox"/> Others (_____)				<input type="checkbox"/> Outside Temp (_____ °C)		
Driving Conditions	<input type="checkbox"/> Forwarding <input type="checkbox"/> Parking <input type="checkbox"/> Backing-Up				 <input type="checkbox"/> Vehicle Stability Control System Warning Light		
	<input type="checkbox"/> Accelerating <input type="checkbox"/> Constant <input type="checkbox"/> Decelerating <input type="checkbox"/> Breaking				 <input type="checkbox"/> SRS Warning Light		
	<input type="checkbox"/> Vehicle Speed (_____ km/h)				Air Conditioner		
	<input type="checkbox"/> Tachometer (_____ rpm)						
	<input type="checkbox"/> Shift Position (_____ ) <input type="checkbox"/> Up <input type="checkbox"/> Down						
	<input type="checkbox"/> Turning ( <input type="checkbox"/> Right <input type="checkbox"/> Left ) <input type="checkbox"/> Traffic Jammed						
	<input type="checkbox"/> Number of Passengers (_____ )						
	<input type="checkbox"/> Vehicle Load (_____ kg)						
<input type="checkbox"/> Towing Load (_____ kg)							
Memo <input type="checkbox"/> : Test Drive _____ _____				Location Code		Date & Time	Staff Name
				Key	Stall	Date 00/00/0000	
				Waiting for Service		Time _____ : _____	

Diagnosis					Reproduction		
Inspection Details					<input type="checkbox"/> Yes	No <input type="checkbox"/>	
_____					<input type="checkbox"/> Confirm symptom with customer		
_____					Memo		
_____				Start	Date 00/00/0000	Time ____ : ____	
_____				End	Date 00/00/0000	Time ____ : ____	
Main Cause		DTC		Status	Freeze Frame Data		
<input type="checkbox"/> Technical Information ( Ref. No. : _____ )		1	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A		
_____		2	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A		
_____		3	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A		
_____		4	_____	C / P / H	<input type="checkbox"/> Available / <input type="checkbox"/> N / A		
Job Instruction					Staff Name		
_____							
_____					Warranty ( <input type="checkbox"/> Yes / <input type="checkbox"/> No )		
_____					DTR ( <input type="checkbox"/> Yes / <input type="checkbox"/> No )		
_____							
DIST Support							
Request	Memo			Telephone Support	Date 00/00/0000		Time ____ : ____
	_____				Staff Name		
<input type="checkbox"/> Diagnosis	_____			Visit Support	Date 00/00/0000		Time ____ : ____
<input type="checkbox"/> Repair	<input type="checkbox"/> Prediction				Staff Name		

Name	_____	Address	_____	Repair Order No.:	_____	Date	00/00/0000
Vehicle Reg. No.	_____	Model (Year)	_____	Model (Code)	_____	VIN No.	_____
						Color Code	_____

ENGINE		
No Start	<input type="checkbox"/> Nothing happens when ignition is turned on	<input type="checkbox"/> Engine cranks, but will not start
	<input type="checkbox"/> Starter clicks, but engine does not spin	<input type="checkbox"/> Engine cranks, but is hard to start ( _____ sec )
	<input type="checkbox"/> Engine cranks slowly	<input type="checkbox"/> Battery need to be charged frequently
General	<input type="checkbox"/> Stall (After Restart)	<input type="checkbox"/> Over heating
	<input type="checkbox"/> Rough idle	<input type="checkbox"/> Over cool
	<input type="checkbox"/> Surge	<input type="checkbox"/> Overflowing or flooding
	<input type="checkbox"/> Stumble	<input type="checkbox"/> Abnormal exhaust gas ( white, blue, black smoke )
	<input type="checkbox"/> Hesitation	<input type="checkbox"/> Failed emission test
	<input type="checkbox"/> Poor acceleration	<input type="checkbox"/> Back fire
	<input type="checkbox"/> Lack / Loss power	<input type="checkbox"/> After fire
	<input type="checkbox"/> Excessive knocking	<input type="checkbox"/> Excessive fuel consumption
	<input type="checkbox"/> Engine Overrun (Run-on)	<input type="checkbox"/> Excessive oil consumption
	<input type="checkbox"/> Starter Overrun	
CLUTCH TRANSMISSION		
<input type="checkbox"/> M / T jumps out of gear	<input type="checkbox"/> A / T slipping	
<input type="checkbox"/> M / T gear grind / clash / improper engagement	<input type="checkbox"/> A / T abnormal shift point [Includes improper kick down]	
<input type="checkbox"/> Clutch slipping	<input type="checkbox"/> A / T will not shift up / down	
<input type="checkbox"/> Clutch fails to disengage	<input type="checkbox"/> No forward or reverse movement (A / T Only)	
<input type="checkbox"/> Clutch judder [ Excludes "General - Noise, Vibration"]	<input type="checkbox"/> A / T abnormal time lag ( _____ sec )	
	<input type="checkbox"/> Excessive shock ( A / T Only )	
<input type="checkbox"/> Improper stroke [ Includes clutch pedal ]	<input type="checkbox"/> No lockup	
<input type="checkbox"/> Shift lever sticks ( A / T, M / T )	<input type="checkbox"/> Improperlockup point	
BRAKE		
<input type="checkbox"/> Squeak Noise	<input type="checkbox"/> Brake pedal spongy	
<input type="checkbox"/> Groan Noise	<input type="checkbox"/> Brake pedal pulsation	
<input type="checkbox"/> Brake drag [ Excludes parking brake ]	<input type="checkbox"/> Improper stroke [ Excludes parking brake ]	
<input type="checkbox"/> Brakes lock wheel prematurely	<input type="checkbox"/> Parking brake does not hold vehicle	
<input type="checkbox"/> Poor brake performance [ Excludes parking brake ]	<input type="checkbox"/> Improper parking brake lever or pedal stroke	
<input type="checkbox"/> Pull to the right or left while braking	<input type="checkbox"/> Parking brake does not release properly	
CHASSIS		
<input type="checkbox"/> Unstable steering [ Vehicle wonder ]	<input type="checkbox"/> Steering wheel hard turning	
<input type="checkbox"/> Vehicle pulls or drift to the right	<input type="checkbox"/> Steering loss of power assist	
<input type="checkbox"/> Vehicle pulls or drift to the left	<input type="checkbox"/> Poor steering wheel return	
<input type="checkbox"/> Steering wheel off-center	<input type="checkbox"/> Excessive shock [ General issue ]	
<input type="checkbox"/> Steering shock during over bumpy road	<input type="checkbox"/> Improper stroke [ General issue ]	
	<input type="checkbox"/> Uneven vehicle height	

## ELECTRICAL ACCESSORIES

<input type="checkbox"/> Battery does not hold charging	<input type="checkbox"/> Improper coming-out of lighter, antenna, audio
<input type="checkbox"/> Inaccurate [ Meter, Gauge, Clock, etc... ]	<input type="checkbox"/> Poor sound [ Horn, Radio, Buzzer, etc... ]
<input type="checkbox"/> Malfunction of display incorrect	<input type="checkbox"/> Distorted audio
<input type="checkbox"/> [ Includes liquid crystal display, etc... ]	<input type="checkbox"/> Engine check lamp "ON" [ MIL "ON" ]
<input type="checkbox"/> A / C not cold enough	<input type="checkbox"/> Tire pressure warning lamp "ON"
<input type="checkbox"/> [ Excludes gas leak -> General column ]	<input type="checkbox"/> Warning or indicator lamp "ON"
<input type="checkbox"/> Heater not hot enough	<input type="checkbox"/> [ Excludes MIL ON and Tire pressure warning lamp ]
<input type="checkbox"/> Inoperative when switched "ON"	<input type="checkbox"/> Ineffective wiping or washing
<input type="checkbox"/> Continuous to operate when switched "OFF"	<input type="checkbox"/> Light DIM or inoperative [ Includes headlamp, etc... ]
<input type="checkbox"/> Will not maintain "ON" or "OFF"	

## NVH

Noise / Vibration	<input type="checkbox"/> Noise	<input type="checkbox"/> Vibration		
	<input type="checkbox"/> Steering wheel	<input type="checkbox"/> D-Seat	<input type="checkbox"/> P-Seat	<input type="checkbox"/> Other seat
	<input type="checkbox"/> Shift lever	<input type="checkbox"/> Door [ _____ ]	<input type="checkbox"/> Floor [ _____ ]	<input type="checkbox"/> Whole body
	<input type="checkbox"/> Dashboard	<input type="checkbox"/> Center console	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Window [ _____ ]
	<input type="checkbox"/> Accelerator pedal	<input type="checkbox"/> Break pedal	<input type="checkbox"/> Clutch pedal	<input type="checkbox"/> Wheels / Tire
	<input type="checkbox"/> Underneath	<input type="checkbox"/> Under hood	<input type="checkbox"/> In trunk	<input type="checkbox"/> M / T <input type="checkbox"/> A / T
	<input type="checkbox"/> Others [ _____ ]			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hum <input type="checkbox"/> Rattle <input type="checkbox"/> Chatter <input type="checkbox"/> Grind <input type="checkbox"/> Knock <input type="checkbox"/> Squeak <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ping <input type="checkbox"/> Whistle				

## GENERAL

<input type="checkbox"/> Abnormal smell	<input type="checkbox"/> Shudder, Excessive Vibration, Pulsation
<input type="checkbox"/> Loosening or failing off	[ Excludes clutch judder and A / T excessive shock ]
<input type="checkbox"/> Oil or Grease leak	<input type="checkbox"/> Poor return of belt, Seat back, Turn signal switch
<input type="checkbox"/> Oil entering	[ Excludes brake and parking brake ]
<input type="checkbox"/> Water leak	<input type="checkbox"/> Abnormal and excessive noise [ Other than E / G knocking, Clutch judder, M / T gear noise, Break, Window noise ]
<input type="checkbox"/> Water entering	
<input type="checkbox"/> Leaks - other [ Air, fuel, exhaust gas, refrigerant ]	
<input type="checkbox"/> Poor Appearance [ Excludes poor paint and plating issue ]	<input type="checkbox"/> Grabs
	<input type="checkbox"/> Interference [ Resulting in damage ]
<input type="checkbox"/> Improper closing and / or opening	<input type="checkbox"/> High operating effort
<input type="checkbox"/> Ineffective look [ A / T shift, Door, Food, Belt, Seat, etc... ]	<input type="checkbox"/> Poor feeling of switches or controls



PAINT	
<input type="checkbox"/> Bump	<input type="checkbox"/> Overspray
<input type="checkbox"/> Scratched	<input type="checkbox"/> Rust due to part installed damage
<input type="checkbox"/> Dent	<input type="checkbox"/> Scratch by interference
<input type="checkbox"/> Panel wave	<input type="checkbox"/> Glue adhered
<input type="checkbox"/> Rough / Cracking seam filler	<input type="checkbox"/> Spot discoloration, Stain
<input type="checkbox"/> Metallic Mottling	<input type="checkbox"/> Orange peel, Poor gloss
<input type="checkbox"/> Thin Paint	<input type="checkbox"/> Cracking
<input type="checkbox"/> Polish mark [ Swirl mark, Whitening, Fine streak ]	<input type="checkbox"/> Blistering
<input type="checkbox"/> Crater	<input type="checkbox"/> Fading
<input type="checkbox"/> Poor Repair	<input type="checkbox"/> Chalking
<input type="checkbox"/> Seeds	<input type="checkbox"/> Peeling
<input type="checkbox"/> Poor body sealer application	<input type="checkbox"/> Rusting through
<input type="checkbox"/> Poor mastic sealer application	<input type="checkbox"/> Rust on Hem / Joint
<input type="checkbox"/> Off - color	<input type="checkbox"/> Rust spot
<input type="checkbox"/> Parting line defect for two tone color	<input type="checkbox"/> Anti-Rust wax attach
<input type="checkbox"/> Stripe defect	

Definitions :

NVH	Buzz : a vibrating sound like that of bees
	Chatter : light metallic sound
	Click : a slight sharp sound
	Clunk : a heavy sound like a metal door shutting
	Grind : a sound like a stone rubbing against concrete
	Hiss : a sound like exhaling air through your teeth
	Hum : like making a vibrating sound with your mouth closed
	Knock : a sound like knocking on a door
	Ping : light engine noise accompanied by acceleration, also known as pre-ignition
	Rattle : a sound like shaking a cooking pot with a spoon in it
	Squeak : a high - pitched sound like scraping a wine glass with a coin
	Whistle : a high-pitched bird-like sound

Symptom / Phenomenon Confirmation Diagnosis Result

1. How to reproduce the phenomenon & Result
-
-
2. Occuring condition when reproducing it ( E.g. : Vehicle Speed, Shift Position, E/G rpm, etc... )
-
-
3. Detailed diagnosis contents & result
-
-
4. Photos / Video ( Please take photo and/or video which is able to recognize the phenomenon )
<input type="checkbox"/> Done
5. Repair history / Maintenance record ( Please confirm repair and/or maintainance history around the affected area )
<input type="checkbox"/> Done