

<b>VEHICLE REPAIR FORM</b>			
<b>SEM Report No:</b>		<b>Customer Ref No:</b>	
<b>Attention:</b>		<b>Fax:</b>	
		<b>Email:</b>	

Date Reported:		Reported By:	
Reported To:		Position:	
Repair Location:		Vehicle ID:	
Station ID:		Vehicle Type:	

<b>FAULT TYPE</b>
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Engine: <input type="checkbox"/>	Transmission: <input type="checkbox"/>	Electrical: <input type="checkbox"/>	Body: <input type="checkbox"/>	Mech: <input type="checkbox"/>	Other: <input type="checkbox"/>
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<b>FAULT DESCRIPTION</b>
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**NOTE: NO REPAIRS TO BE UNDERTAKEN WITHOUT THE AUTHORISATION OF SEM.**

<b>ACTION TAKEN BY CUSTOMER / SERVICE PROVIDER</b>
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<b>WORK COMPLETED BY CUSTOMER / SERVICE PROVIDER</b>
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Name:		Sign:		Date:	
Labour Hours:	[Refer details on Page 2]				
Labour Charge per hour:					
Materials:	[Refer details on Page 2]				

<b>ACTION TAKEN BY SEM (Authorisation Number            )</b>
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Warranty:	Yes <input type="checkbox"/> No <input type="checkbox"/>	J/No:	
Customer advised:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ref:	

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<b>LABOUR</b>		
Item	Description	Time
<b>Total</b>		

<b>MATERIAL</b>				
Item	Description	Qty	Unit cost	Total cost
<b>Total</b>				