

**CRIZTO SINGAPORE PTE LTD**

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**CRIZTO**<sup>®</sup>

*a beautiful bathroom speaks well of its owner,  
 make yours speak for you!™*

**SERVICE REQUEST FORM**

TO:  SERVICE DEPARTMENT  
 CRIZTO ENGINEERING PTE LTD

FAX: +65 6287 9287  
 DATE OF REQUEST: DD / MM / YY

**DEALER'S DETAILS**

Dealer's Name: \_\_\_\_\_  
 Reported By: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Invoice Number: \_\_\_\_\_ Invoice Date: DD / MM / YY  
**Please attach Invoice/Receipt.**  
 Purchase Period:  Within 14 Days  Within 1<sup>st</sup> Year  2<sup>nd</sup> to 5<sup>th</sup> Year  More than 5 Years

**PRODUCT DETAILS**

With Warranty	<input type="checkbox"/> Water Closet	<input type="checkbox"/> Elevation Shower	<input type="checkbox"/> Faucet	<input type="checkbox"/> Ceramic Basin	<input type="checkbox"/> Kitchen Sink
Without Warranty	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Mirror Cabinet	<input type="checkbox"/> Glass Shelf	<input type="checkbox"/> Towel Rack	<input type="checkbox"/> Robe Hook
	<input type="checkbox"/> Waste	<input type="checkbox"/> Bathroom Accessories	<input type="checkbox"/> Kitchen Sink Accessories	<input type="checkbox"/> Shower Fittings	<input type="checkbox"/> Miscellaneous Fittings

Product Code: \_\_\_\_\_  
 Defect Reported: \_\_\_\_\_

**CUSTOMER'S DETAILS**

Contact Person: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Owner  Designer  Contractor  Plumber  
 Blk/No.: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 Unit No.: # \_\_\_\_\_ Building Name: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Important Notes:** Crizto Singapore Pte Ltd will not be liable for any losses or damages caused during the rectification / repair works.  
 Service Requests that do not fall under the Crizto Warranty Policy are chargeable.  
 Transportation, labour and parts are chargeable if defect is due to improper installation / misuse / wear and tear.  
 Transportation and labour are chargeable after first year from date of purchase.

**FOR OFFICIAL USE**

<input type="checkbox"/> A1	<input type="checkbox"/> AREA	<input type="checkbox"/> With Warranty	<input type="checkbox"/> Service Visit – Required
<input type="checkbox"/> A2	<input type="checkbox"/> MD/GM	<input type="checkbox"/> Without Warranty	<input type="checkbox"/> Service Visit – Not Required

Appointment Date: DD / MM / YY Appointment Time: \_\_\_\_\_  
 Arranged on Date: DD / MM / YY Attended By: \_\_\_\_\_ Sign: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 Parts Use: \_\_\_\_\_

**Charges – After first year and/or product without warranty.**

Transportation Charge S\$ 42.80  
 Labour Charge S\$ \_\_\_\_\_  
 Parts S\$ \_\_\_\_\_  
 Others S\$ \_\_\_\_\_  
 Total (including GST) S\$ \_\_\_\_\_

Remarks on Charges: