SERVICE FORM

REF No.:

FOX SERVICE CENTER & DISTRIBUTOR
KIAN HONG CYCLE PTE LTD
3 KAKI BUKIT ROAD 1, #B1-05 EUNOS TECHNOLINK
SINGAPORE 415935
TEL: 65 6749 5787 FAX: 65 6749 5789
EMAIL: fox@khcycle.com.sg

CUSTOMER INFORMATION

NAME:
ADDRESS:
PHONE:
EMAIL:

DEALER INFORMATION

SHOP NAME:
ADDRESS:
PHONE:
EMAIL:

PRODUCT INFORMATION

☐ FORX
☐ SHOX

MODEL: LENGTH/TRAVEL: YEAR: SERIAL NO:

RECEIPT ATTACHED? [1] ☐ YES ☐ NO ☐ AFTERMARKET MODEL WARRANTY STICKER: ☐ YES ☐ NO

ORIGINAL PURCHASE DATE: ☐ OEM MODEL, BIKE MODEL/YEAR:

LAST SERVICE: MTHS AGO

[1] ORIGINAL RECEIPT (OF FORX, SHOX OR BIKE) IS ABSOLUTELY NECESSARY IF MAKING WARRANTY CLAIM.

PROBLEM DESCRIPTION:

SIGNATURE: DATE:

PARTS

PART NUMBER	DESCRIPTION	PROBLEM WITH ORIGINAL	QUANTITY	COST S$
			TOTAL:	

LABOUR

SERVICE CODE	DESCRIPTION	COST S$
SERV-		
SERV-		
	TOTAL:	

ACTIONS TAKEN / REMARKS:

OFFICIAL USE

DATE RECEIVED:
DATE PROCESSED:

PAYABLE:

TAX INVOICE NO:
GST REG NO: M2-00233072-8

WARRANTY: ☐ YES ☐ NO

WARRANTY REIMBERSEMENT:
DATE SUBMITTED:

PARTS:
LABOUR:
OTHERS:
GST:
TOTAL S$

RETURN ACKNOWLEDGEMENT:
BY CUSTOMER/ DEALER*: DATE:

* DELETE WHERE APPLICABLE