

**NO. 11 GURNEY DRIVE
DEFECT LIST**

Unit No:

Purchaser Name :

Contact No:

No.	Location / Areas	Tick (/) where Defects Appear			Description of Defects
		Ceiling	Wall	Floor	
1	Main Entrance				
2	Main Living Room				
3	Family Room				
4	Balcony				
5	Bedrooms				
a	Master Bedroom				
b	2nd Bedroom				
c	3rd Bedroom				
d	4th Bedroom				
e	Maid's Room				
6	Bathrooms				
a	Master Bath				
b	Bath 1				
c	Bath 2				
d	Bath 3				
e	Maid's Bath				
7	Lanai				
8	Dining Room				
9	Kitchen				

No.	Location / Areas	Tick (/) where Defects Appear			Description of Defects
		Ceiling	Wall	Floor	
10	Store Room				
11	Drying Yard				

GENERAL COMMENTS:-

Inspection was carried out in the presence of :-

- 1) Architect's representative:
-Name:
-Signature
- 2) Developer's representative:
-Name:
-Signature
- 3) Contractor's representative:
-Name:
-Signature
- 4) Purchaser/Purchaser's representative:
-Name:
-Signature

Date of joint inspection:

For Office Use:

Date of completion:

Date Notified Purchaser:

Date of Re-inspection:

Date of Discharge: