



PROJECT HANDOVER FORM

Detail

Project : Defect Works Summary Reference No :

To : Date :

Attention : Time :

Trade : *(Please tick accordingly) can be more than one selection*

☐ Civil Works

☐ M&E Works

☐ Structural Works

☐ Landscape Works

☐ Architectural Works

☐ Others:

With references to the above, we hereby confirm that the work at the following area has been completed according to the construction drawings which were certified by the base building's consultant. Any damages or defect work to be found at the said area after the handing over date will not be our responsibility. Hence, we hereby handover the following area for your work to proceed:

Block :

Level/Room :

Gridline :

Date of Handing Over :

Issues by :

Witnessed by :

Received by :

(SLGC)

(Consultant / Consultant Rep.)

(Client)

Name:

Name:

Name:

Date:

Date:

Date: