

CHECKLIST INSPECTIONS
Client Data

Policy Holder:	<input type="text"/>	Policy Number:	<input type="text"/>
Vehicle Driver:			
Name:	<input type="text"/>	Surname:	<input type="text"/>
Contact:	<input type="text"/>	Address:	<input type="text"/>

Vehicle Data

Declared Values:	<input type="text"/>	Brand:	<input type="text"/>	Module:	<input type="text"/>
License Plate:	<input type="text"/>	Year of Manufacture:	<input type="text"/>	Category:	<input type="text"/>
Engine Number:	<input type="text"/>	Chassis Number	<input type="text"/>	KM:	<input type="text"/>

Vehicle Condition

Paint	G	<input type="checkbox"/>	Tires	G	<input type="checkbox"/>	Bodywork	G	<input type="checkbox"/>
	F	<input type="checkbox"/>		F	<input type="checkbox"/>		F	<input type="checkbox"/>
	B	<input type="checkbox"/>		B	<input type="checkbox"/>		B	<input type="checkbox"/>

Verified Items

Radio/CD Player
 Mirrors
 Headlights
 Taillights
 Engine Works
 Exterior Mirrors
 Amplifier
 Leaks Oil
 Exhaust
 Fog Lights
 Windows
 Oil Dipstick
 Engine Noise
 Battery
 Hubcaps
 Alloy Wheels
 Steel Wheels
 Extras

	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
FR <input type="checkbox"/>	RR	<input type="checkbox"/>	FL <input type="checkbox"/>
	N	<input type="checkbox"/>	
	RS	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
FR <input type="checkbox"/>	N	<input type="checkbox"/>	FL <input type="checkbox"/>
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	
	N	<input type="checkbox"/>	

	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
RR <input type="checkbox"/>	RL	<input type="checkbox"/>	RL <input type="checkbox"/>
	Y	<input type="checkbox"/>	
	LS	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
RR <input type="checkbox"/>	Y	<input type="checkbox"/>	RL <input type="checkbox"/>
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	
	Y	<input type="checkbox"/>	

Caption

FR Front Right
 FL Front Left
 G Good

N No
 Y Yes
 F Fair

RR Rear Right
 RL Rear Left
 B Bad

LS Left Side
 RS Right Side

Attachments: Photographs illustrating the items mentioned in nº 2 and photographs of the 4 sides of the vehicle (mandatory); Photographs illustrating the items mentioned in nº 4 (if applicable); Photographs of identified damage (mandatory);

Data of the Regular Driver of the Vehicle

Name:							
Nationality:		Gender:		Profession:			
Address:							
Number:		Floor:		PO Box:		City:	
Province:		Municipality:		Driver's License Number:			
Phone:		Mobile Phone:		Fax:			
Do you have any disabilities? If so, what? <input type="text"/>							

Location where the Vehicle is Parked

Description

Yes**No**

Inside the Residence (Garage)

☐☐

Inside the Residence (Yard)

☐☐

Outside the Residence/Building

☐☐

In a Parking Lot

☐☐

Location where the Vehicle is Parked

Description

Yes**No**

Alarm

☐☐

Immobilizer

☐☐

Gear Lock

☐☐

Anti-Hijack System

☐☐

Car Track / Location System

☐☐

Pedal Lock

☐☐

Extras (non-factory applications)

Description

Yes**No**

Wheels

☐☐

Sound System

☐☐

Paint

☐☐

Interior Upholstery

☐☐

Periodic Inspection Data

Code:

Address:

License Plate:

AG:

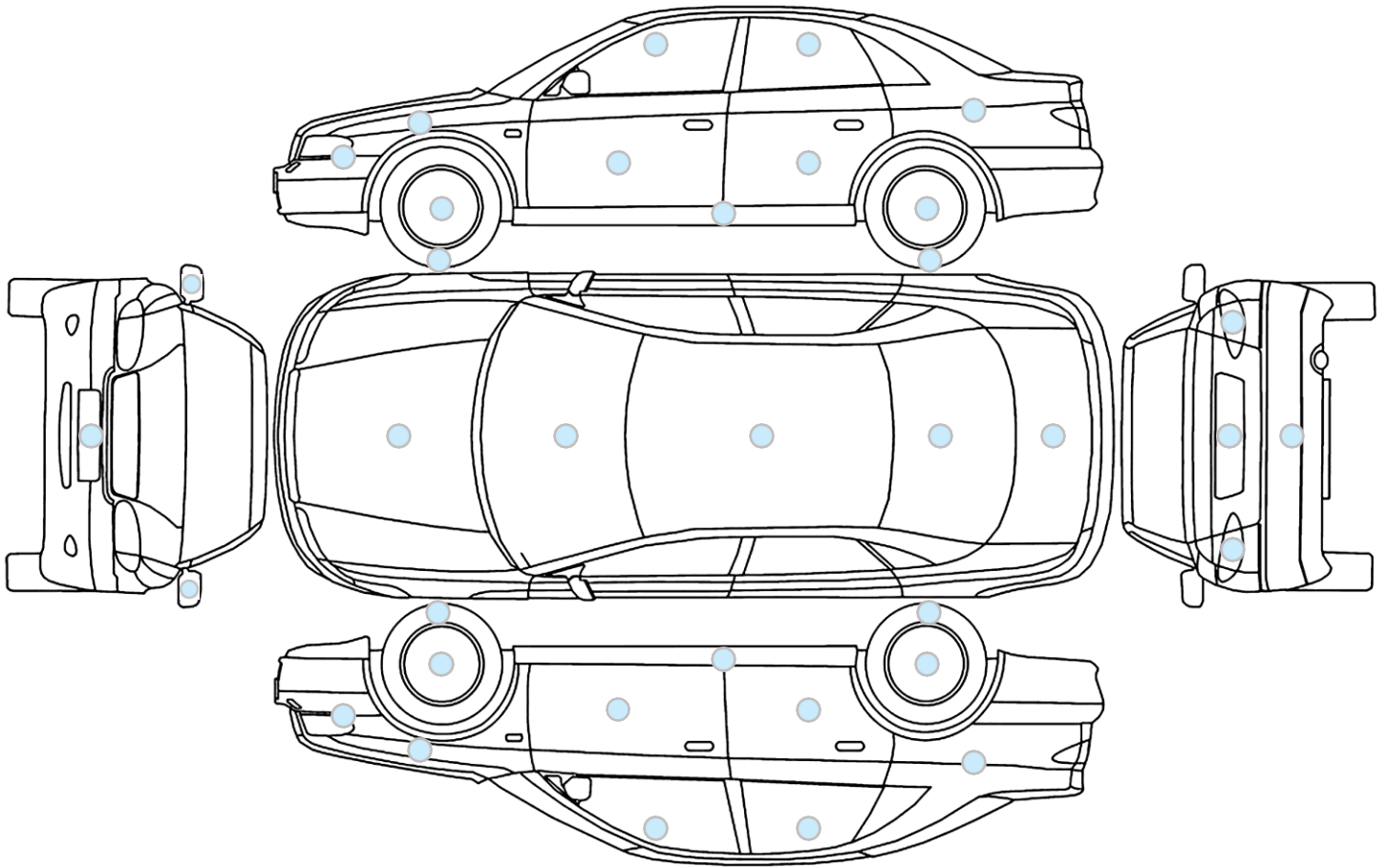
Inspection Date:

Next Inspection:

Inspection Sheet Observations

Attachments: Photographs illustrating the items mentioned in nº 2 and photographs of the 4 sides of the vehicle (mandatory); Photographs illustrating the items mentioned in nº 4 (if applicable),
Photographs of identified damage (mandatory);

Verified Damages



Expert's Opinion

Insured _____

Date: ____ / ____ / ____

The Expert _____

Date: ____ / ____ / ____

Attachments: Photographs illustrating the items mentioned in nº 2 and photographs of the 4 sides of the vehicle (mandatory); Photographs illustrating the items mentioned in nº 4 (if applicable),
Photographs of identified damage (mandatory);