

MOTOR VEHICLE INSPECTION REPORT FORM

I confirm having this Inspected the under mentioned Motor Vehicle for insurance purposes at Time

BASIC INFORMATION

Name of the Proposer	Postal Address	
Telephone number	Business/ Profession	
Registered Owner	Reg'n/Card number	

DETAILS AS SEEN/READ FROM THE VEHICLE:

Registration number	Make of vehicle	
Engine number	Chassis number	
Body type/description	Mileage	
Attachment	Expiry date of Road License	
Year of Manufacture		

VEHICLE INSPECTION

Has it been panel beaten before?	Is it intact?	
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APPEARANCE

Bumpers	Wheel rims	
Tyres	Windscreen details	
Other glasses/mirrors	Locking system	
Paintwork details	Upholstery state	

ACCESSORIES

Radio receiver	Radio cassette	
Original	Special one installed	
Make	Value	
Does the vehicle have a CD player?	Make	
Alarm system/anti-theft device installed?	Value	
Spare parts/and or any other accessories?		

What is the General appearance of the vehicle	
Insured's Estimated Value including accessories:	

Remarks:

Signature of the Company representative/Broker/Valuer/Inspector/:

Signature of Proposer/Insured/Insured's representative:

ASSET IMAGES
FrontSide



Damages

Part Name	Damage
tailgate	scratch
back_bumper	scratch

FrontSide



Damages

Part Name	Damage
tailgate	scratch
back_bumper	scratch

FrontSide



Damages

Part Name	Damage
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