

VEHICLE SAFETY DEFECT REPORT

Your details			
Title:			
Full Name:			
Company Name			
(if applicable):			
Address:			
Post Town:			
Post Code:			
Daytime telephone:			
Mobile Phone:			
Fax No:) \
E- Mail:			
The Vehicle			
Vehicle Make:		Vehicle Model:	
Registration No:		Year of Manufacture:	
Full Chassis/VIN No:			Diesel (D) or Petrol (P) or Other (O)
Any Special Features:	all all		, , ,
The Defect			
The Defect Defect/ Fault			
The Defect Defect/ Fault description:			
Defect/ Fault description:			
Defect/ Fault description: Description of incident			
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Defect/ Fault description: Description of incident			
Description: Description of incident leading to failure:			
Defect/ Fault description: Description of incident			

Other information (please	se circle or highlight	the appro	priate box)		
Is there a Main Dealer Se	ervice History?			Yes	No
Is the component original	to the vehicle?		Not Known	Yes	No
Are the Parts/ Vehicle available for examination?				Yes	No
Date of Last Vehicle Service:		Carried (Out by: e of garage)		
Type of Service: (e.g 10000 miles)		Mileage vehicle s	Reading at last ervice:		
Was there an accident?				Yes	No
Are there any injuries that	t are considered attrib	utable to tl	ne defect?	Yes	No
Photographs/ Parts and	other evidence				
with the form. Please not forwarded to the manufactual investigation.					
Additional Information:					

Please note that in order to progress this investigation it may be necessary to send this form to the relevant manufacturer.

I give my consent to this form and other relevant evidence being forwarded to the manufacturer:	Yes	No
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Data Protection

The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: www.vosa.gov.uk

Name. Date.	Name:	Date:	
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Please return by email, fax or post to:

Vehicle and Operator Services Agency (VOSA) Vehicle Safety Branch Berkeley House Croydon Street Bristol BS5 0DA

> Tel: 0117 9543300 Fax: 0117 9543328 Email: VSB@vosa.gsi.gov.uk

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