

Vehicle Safety Defect Report

Contact details

Contact

Title * Forename * Surname *

Company name
If applicable

Address *

Town/City *

Post code * Daytime tel.number *

email address *

Vehicle details

Registration Number *

Vehicle identification number (VIN)

Make * Model *

Year of Manufacture * Mileage

Any Special Features

Engine Type? * Gearbox/Transmission? *

Vehicle Defect

Defect/Fault description *

Description of Incident

Date of Failure *

Approximate Mileage at Initial Failure *

Is the Component Original to the Vehicle? *

☐

Yes

☐

No

Are the Failed Parts Available for Examination? *

☐

Yes

☐

No

Is the Vehicle Available for Examination? *

☐

Yes

☐

No

Date of Last Service

Garage

Type of Service

Mileage

Was there an accident? *

☐

Yes

☐

No

Are there any injuries that are considered attributable to the defect? *

☐

Yes

☐

No

Other information

Additional Information:

Photographs/ Parts and other evidence

Photos or copies of any other relevant information should be sent by post or email to the address below.

Please note photographs may not be returned and parts may need to be forwarded to the manufacturer for testing (which may be to destruction) in order to conduct a full investigation.

Vehicle and Operator Services Agency (VOSA)
Vehicle Safety Branch
Berkeley House
Croydon Street
Bristol
BS5 0DA
Tel: 0117 9543300
Email: VSB@vosa.gov.uk

IMPORTANT - PLEASE READ

By completing and submitting this form to us you are giving consent to this form and other relevant evidence being forwarded to the manufacturer:

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.dft.gov.uk/vosa

For official use only.