

VEHICLE INSPECTION CERTIFICATE

Date of Inspection:	Policy Number
Name of Inspector:	

PERSONAL DETAILS

Title and Initials:	Surname
ID Number:	Cell Number:
Work Number	Residential Address:
	Code:

VEHICLE DETAILS

Make:	Model:
Year:	Registration Number:
Chassis Number	Engine Number:
Number of Seats:	

DETAILS OF RADIO

Make and Model:	Value
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DETAILS OF EXTRAS

Details of Extras:	Value of Extras:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

DETAILS OF IMMOBILISER/ GEARLOCK

Make and Model:	Description:
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CONDITION OF VEHICLE

VEHICLE CONDITION (please ✓)	☺	☹	DISCRIPTION OF DAMAGE
Body work	☺	☹	
Paint	☺	☹	
Rust	☺	☹	
Tyres	☺	☹	
Lights	☺	☹	
Extras:	☺	☹	

Please Indicate Windscreen Damage

I hereby declare that the above information is true and correct.

Insured Signature: _____

Inspector Signature: _____