



ENGINEER'S REPORT

Name of Policyholder _____
Make of Vehicle _____
Year of Manufacture _____
Model _____
Engine / Chassis No.: _____
Policyholder's Value _____

Policy No.: _____
Horsepower / Kw _____
Reg. No.: _____
Odo Reading _____

1. Please report on the following by ticking the appropriate box

1.1 Bodywork	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.2 Interior	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.3 Chassis	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.4 Steering	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.5 Engine	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.6 Foot Brake	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.7 Hand Brake	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.8 Electrical System	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
1.9 Tyres RIGHT FRONT	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Tyres LEFT FRONT	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Tyres RIGHT REAR	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Tyres LEFT REAR	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Tyres SPARE	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

2. Are Spare Parts readily available / obtainable? Yes No

If so, from whom? _____

3. Who will rectify the faults brought to light by this Report? _____

4. Your Estimate of the Retail Value? _____

5. General Remarks (e.g. Special Fittings, Accessories) _____

Garage Stamp:

Date _____

Engineer's Signature _____

Qualifications _____

Telephone No.: _____