

VEHICLE INSPECTION SHEET

Insured's Name Proposed cover
 Email Address.....
 Physical address.....
 Phone Number.....

Date inspected

Insurance Details

Previous insurer..... Previous policy no.

Vehicle details

Vehicle Model..... Make..... Body type.....
 Reg. number..... Year of Make..... Mileage.....
 Engine No..... Chassis No.

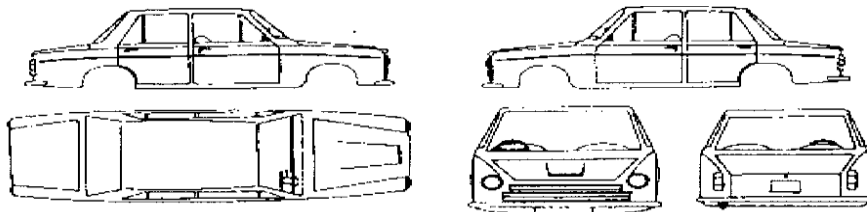
Vehicle Condition

Head Lamps	Ok Damaged	Front Bumper	Ok Damaged
Park Lights	Ok Damaged	Rear Bumper	Ok Damaged
Windscreen	Ok Damaged	Side Windows	Ok Damaged
Grille	Ok Damaged	Radio	Ok Damaged
Aerial	Ok Damaged		Ok Damaged
	Ok Damaged		Ok Damaged

Paintwork

MS: minor
 scratch
 MD: minor dent
 S: scratch
 D: dent
 C: crack
 R: rust
 PD: pinhole
 dent

Diagram



Comment

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Underwriter/Assessor.....Signature.....Date.....

Valuation

Market Value..... Valuer..... Date.....

INSURED DECLARED VALUE FORM:

I have been advised by the Insurance company to insure my vehicle atbut I have declared that my vehicle is and I have been informed of the implications of underinsurance. The issue of average condition has been explained to me & I understand that in the event of a claim, the loss will be settled as follows:

Claim Settlement Amount = Insured Declared Value X [Loss]

Market Value

Disclaimer:

Please note that LOCAL CURRENCY policies are not indexed and should you wish to insure with the LOCAL CURRENCY, there is need to keep reviewing the sums insured monthly or regularly. It is the duty of the insured to ensure that they are adequately insured.

Insured Signature..... Date.....

Underwriter Signature..... Date.....