

# CHECKLIST | VEHICLE INSPECTION

Presented by Business Insurance Service

Date:	Location:
Make:	Model:
VIN:	Mileage:
Year:	Number Plate:

ITEM TO BE CHECKED	PASS	FAIL
Headlights	<input type="checkbox"/>	<input type="checkbox"/>
Rear lights	<input type="checkbox"/>	<input type="checkbox"/>
Indicators	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>
Tyres and rims	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>
Radiator and hoses	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system	<input type="checkbox"/>	<input type="checkbox"/>
Leaks - water or oil	<input type="checkbox"/>	<input type="checkbox"/>
Water level	<input type="checkbox"/>	<input type="checkbox"/>
Gear box	<input type="checkbox"/>	<input type="checkbox"/>
Instruments - gauges	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Windows - windscreen	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen wipers - washers	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>

*This checklist is of general interest and is not intended to apply to specific circumstances. It does not purport to be a comprehensive analysis of all matters relevant to its subject matter. The content should not, therefore, be regarded as constituting legal advice and not be relied upon as such. In relation to any particular problem which they may have, readers are advised to seek specific advice. Further, the law may have changed since first publication and the reader is cautioned accordingly. © 2013-2015 Zywave, Inc. All rights reserved.*

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Brake system	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts	<input type="checkbox"/>	<input type="checkbox"/>
Seats	<input type="checkbox"/>	<input type="checkbox"/>
Heater/Demister	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipment	<input type="checkbox"/>	<input type="checkbox"/>
Accident kit	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Body damage (describe):	
Remarks:	
Inspector Signature:	Date:
Mechanic's Report:	
Mechanic Signature:	Date: