

TWO WHEELER PREINSPECTION REPORT

Branch Address: _____ Place Of Pre-Inspection with Complete Address _____

REF NO: _____ REQ NO: _____

REQ DATE: _____ REQ TIME: _____

REQ MADE BY: _____ PIN CODE : _____

EXECUTIVE CODE: _____ AGENT CODE _____ INSPECTION DATE AND TIME: _____

AGENT NAME _____

FR FENDER	Intact	Dented	Scratch
FR WHEEL RIM	Intact	Dented	Scratch
FR HUB/DISC/DRUM	Intact	Dented	Scratch
FR VISOR	Intact	Dented	Scratch
HEAD LIGHT	Intact	Dented	Scratch
FR FOOT REST RH	Intact	Dented	Scratch
RR FOOT REST RH	Intact	Dented	Scratch
RH FR SHOCKER	Intact	Dented	Scratch
RH RR SHOCKER	Intact	Dented	Scratch
RH COVER	Intact	Dented	Scratch
RH RR COVER	Intact	Dented	Scratch
RH RR VIEW MIRROR	Intact	Dented	Scratch
RH FR INDICATOR LT	Intact	Dented	Scratch
RH RR INDICATOR LT	Intact	Dented	Scratch
RH FUEL TANK COVER	Intact	Dented	Scratch
SILENCER	Intact	Dented	Scratch
KICK PEDAL	Intact	Dented	Scratch
HAND BRAKE/LEVER	Intact	Dented	Scratch
RR WHEEL RIM	Intact	Dented	Scratch
RR DRUM/DISC	Intact	Dented	Scratch
RR MUDGUARD	Intact	Dented	Scratch

BREAK IN DAYS _____

TAIL LIGHT ASSLY	Intact	Dented	Scratch
FR FOOT REST LH	Intact	Dented	Scratch
RR FOOT REST LH	Intact	Dented	Scratch
LH RR INDICATOR LT	Intact	Dented	Scratch
LH FUEL TANK COVER	Intact	Dented	Scratch
LH FR INDICATOR LT	Intact	Dented	Scratch
LH FR SHOCKER	Intact	Dented	Scratch
LH RR SHOCKER	Intact	Dented	Scratch
LH COVER	Intact	Dented	Scratch
LH RR COVER	Intact	Dented	Scratch
LEVER CLUTCH	Intact	Dented	Scratch
SAREE GUARD	Intact	Dented	Scratch
LH RR VIEW MIRROR	Intact	Dented	Scratch
CHASSIS FRAME	Intact	Dented	Scratch
CHAIN COVER	Intact	Dented	Scratch
SEAT RR SWING ARM	Intact	Dented	Scratch
ENGINE CONDITION	Good	Avg.	Bad
SPEEDOMETER ASSLY	Intact	Dented	Scratch
HANDLE BAR	Intact	Dented	Scratch
FUEL TANK	Intact	Dented	Scratch
LEG GUARD	Intact	Dented	Scratch

VEHICLE DETAILS

VEHICLE REG. NO. _____

CHASSIS NO _____

ENGINE NO _____

MAKE _____

MODEL _____

DATE OF REGISTRATION WITH YEAR _____

YEAR OF MANUFACTURE _____

COLOR _____

ODOMETER READING _____ (WINW)

ORIGINAL R.C. VERIFIED _____

PREVIOUS INS. VERIFIED _____

INSURED DETAILS

INSURED NAME _____

INSURED CONTACT NUMBER _____

PROPOSER NAME _____

CHASSIS IMPRESSION

REMARKS

Vehicle is to be checked in running condition.

SIGNATURE OF THE BRANCH MANAGER

SIGNATURE OF THE EXECUTIVE ALONG WITH NAME & CODE

RECOMMENDATION

PLEASE MENTION IN HAND WRITING

SIGNATURE OF THE PROPOSER

DECLARATION OF OWNERS

I hereby confirm and declare that above mentioned identification details of my vehicle no. _____ as well as that of damage to the vehicle as noted by inspecting official I further confirm & declare that the Motor Vehicle proposed for insurance after a break in has not met with any accident giving rise to any claim by third party for injury or death caused by any person or damages to any property/insured vehicle during the period following the expiry I also agree that damages mentioned above shall be excluded in the event of any claim being lodged

ENCL:

*TRACED ENGINE NO. / CHASSIS NO
*COPY OF RC BOOK

*DIGITAL PHOTOGRAPHS () NOS
*COPY OF PREVIOUS INSURANCE DOCUMENT