

VEHICLE CONDITION REPORT

Insured's Name:

Insured's Signature

Date

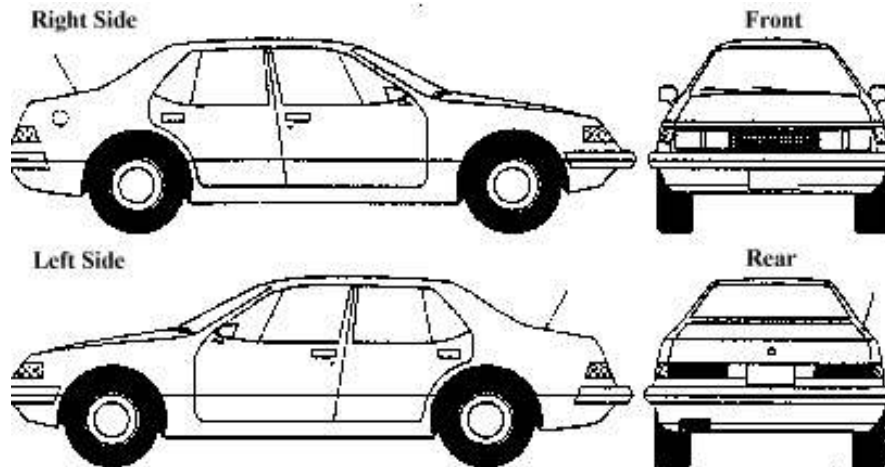
Certificate: _____

Insured: _____ Date: _____

Destination: _____ Mover: _____

License or Serial Number: _____ Make: _____

Mode: _____ Type: _____



Indicate on diagram (give dimensions of damage where possible):

B Bent **BR** Broken **C** Chafed **CH** Chipped **D** Dented
GC Glass Cracked **H** Hairline Scratch **M** Missing **R** Metal Rusty **S** Scratched
SCD Scratched, Chafed, Dented **SM** Smashed **T** Torn

Check where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Hairline scratches all over | <input type="checkbox"/> Heavy dust and mud covered: Minor defects, if any, unable to determine |
| <input type="checkbox"/> Locked glove compartment | <input type="checkbox"/> Locked rear trunk |
| <input type="checkbox"/> Scratched and chafed all over | <input type="checkbox"/> Wet by rain |

Check Appropriate Answer:

Battery Disconnected Yes No Gas removed Yes No
 Locked rear trunk Yes No Radiator Drained Yes No
 Wet by rain Yes No

Item	Received	Delivered	Exception	Item	Received	Delivered	Exception
Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashtrays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sun visors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CB Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape/CD Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigar Lighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape/CD Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushion, Front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-factory installed accessories must be valued and declared separately.			
Cushion, Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Floor Mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ITEM		INSURED VALUE	
Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hubcaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

Received at _____ by _____
Origin: Receiving clerk Date

Delivered at _____ by _____
Destination Delivery clerk Date

I agree that the condition of this auto is as stated when turned over to the shipping company.

Received in good condition at destination except as noted above.