

# MoveSure Home Contents in Transit Vehicle Pre-Shipment Condition Report

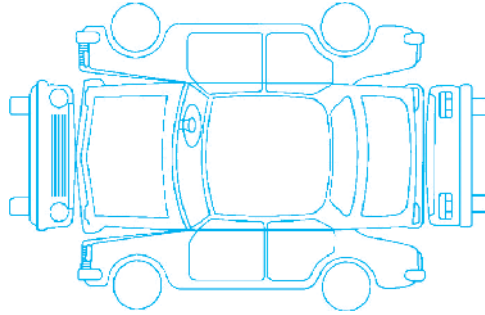
General Information				
Name	Surname		Given Name(s)	
Current Address				
		State		Postcode
Telephone	(    )	Email		
Policy No.				

Vehicle Details				
Make		Model		Year
Registration No.		Engine No.		Chassis No.
Tyre Condition	<input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Below average	Upholstery Condition	<input type="checkbox"/> New <input type="checkbox"/> Average <input type="checkbox"/> Below average	
Damaged Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details.		
	Please tick ( ✓ )			
Has the vehicle's battery been disconnected?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the vehicle's radiator been drained?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the vehicle's petrol been drained?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Items</b>	<b>Are the following items attached to the vehicle?</b>	<b>Comments</b>		
Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Aerial	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ash Trays	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Battery	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Floor Mats	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hub Caps	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Keys	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Spare Tyre	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sound System	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Tool Kit	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (Provide details)				
Odometer Reading				
<b>List any non standard accessories</b>	1.	3.	5.	
	2.	4.	6.	

## Details of Physical Inspection

### SKETCH DIAGRAM

Body Damage – Please mark on the diagram below any existing damage to the body of the vehicle:



Please complete the below table following a physical inspection of the vehicle

Body	Dented	Scratched	Rusted	Broken	Oxidised	No Damage Evident	Comments
Front guards							
Front bumper							
Shield							
Front grill							
Bonnet							
Cowl							
Headlight – passenger							
Headlight – driver							
Windscreen							
Rocker – passenger							
Rocker – driver							
Front door – passenger							
Front door – driver							
Mirror – passenger							
Mirror – driver							
Rear door – passenger							
Rear door – driver							
Rear window							
Boot/lift back							
Rear bumper							
Rear guards							

### Declaration

We have inspected this vehicle and this report is our true assessment of its condition.

1. I/We understand the claim may be refused if information is not true or is withheld.

Authorised Representative/Inspector:

Representative Signature

**X**

Vehicle Owner's Signature (confirms agreement)

**X**

Date

