G.P.-S 06/19

VEHICLE HANDING OVER CHECKLIST

Company name or merchant / Agent /P-Beater	
Address of the company/merchant/agents	
	Postal code
Reason for handing over of departmental vehicle	Telephone no.
Name of Department	
Name of Component	
Transport Officer: Name and Surname	
Contact telephone number	
Job Pre-Authorization	
Authorization number	
Date (D D M M Y Y Y Y)	Odometer reading

Reg No.		**Accessories**							
Make		Jack	Yes		No		Wheel spanner	Yes		No	
		Spare wheel	Yes		No		Triangles	Yes		No	
		Hub Caps	Yes		No		Mats	Yes		No	
Vehicle Model		Other									
Type of radio											
Number of keys handed over											

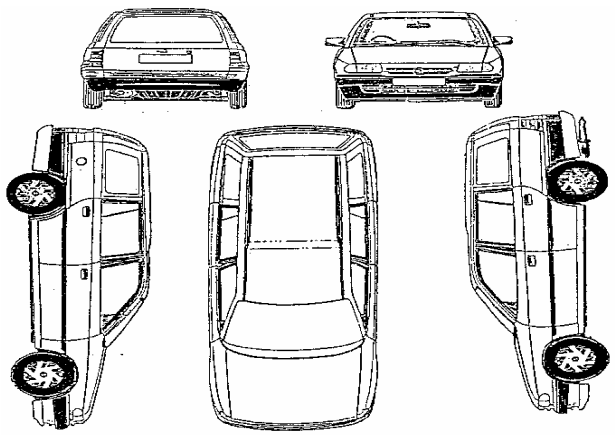
Tyre brand and condition (state whether good or unlawfully replaced or changed /missing/stolen)					
Front Right	Good / Moderate / Poor		Rear Right	Good / Moderate / Poor	
Front Left	Good / Moderate / Poor		Rear Left	Good / Moderate / Poor	

Tyre Brand Front Right		Tyre Brand Rear Right	
Tyre brand Front Left		Tyre Brand Rear Left	

Fuel gauge (amount of fuel left at the time of repairs, P/beating, services, B/down ect)									
Full		3/4		1/2		1/4		Empty	

Driver: Name & surname		Name: Company sales Representative	
Persal Number		Signature	
Signature		Date (D D M M Y Y Y Y)	
Date (D D M M Y Y Y Y)			

REMARKS



VEHICLE RETURN CHECKLIST

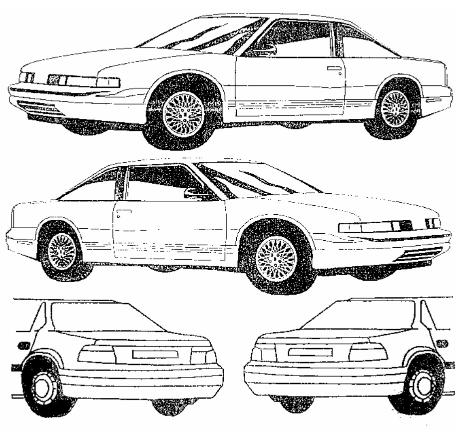
Date	D D M M Y Y Y Y			Odometer reading				
Job Card No.								
Reg No.		Accessories						
Make		Jack	Yes		No		Wheel spanner	Yes		No	
		Spare wheel	Yes		No		Triangles	Yes		No	
		Hub Caps	Yes		No		Mats	Yes		No	
Vehicle Model		Other						
Type of radio								
Number of keys handed over			Car washed	Yes		No		

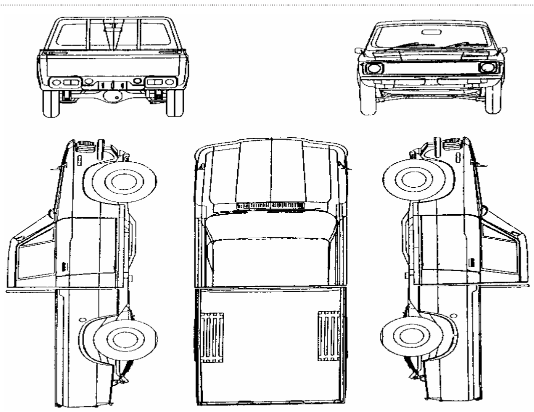
Tyre brand and condition (state whether good or unlawfully replaced or changed /missing/stolen)					
Front Right	Good / Moderate / Poor		Rear Right	Good / Moderate / Poor	
Front Left	Good / Moderate / Poor		Rear Left	Good / Moderate / Poor	
Tyre Brand Front Right			Tyre Brand Rear Right		
Tyre brand Front Left			Tyre Brand Rear Left		

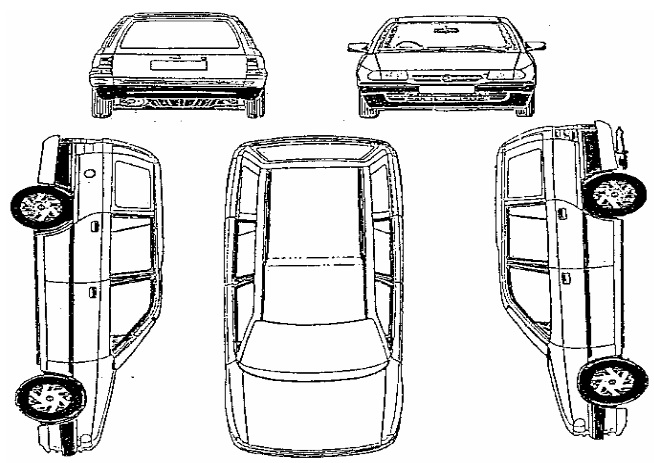
Fuel gauge (amount of fuel left at the time of repairs, P/beating, services, B/down ect)									
Full		3/4		1/2		1/4		Empty	

Driver: Name & surname		Name: Company sales Representative	
Persal Number		Signature	
Signature		Date	D D M M Y Y Y Y
Date	D D M M Y Y Y Y		

Sketches to be revised (before and after) – vehicle, combi and ldv –
Damage to be indicated with and X with a description in the space provided.







INDICATES AND LIST DETAILS OF DAMAGES, DEFICIENCIES AND LOST FOUND	
BROUGHT IN FOR RAPAIR	**AFTER REPAIRS**

Driver: Name & surname		Name: Company sales Representative	
Persal Number		Signature	
Signature		Date	D D M M Y Y Y Y
Date	D D M M Y Y Y Y		