

MOTORCYCLE INSPECTION CERTIFICATE

Policy Number ID Number

Insured(Initials & Surname)

Contact Details Tel (W) Cell

VEHICLE DETAILS

Make Model Year

Registration No	<input type="text"/>	Colour	<input type="text"/>
Kilometers	<input type="text"/>	Road / Off Road	<input type="text"/>
Chassis No.	<input type="text"/>	Engine No.	<input type="text"/>
CC	<input type="text"/>		

Body Damage

Has M/Cycle been in an accident before? Yes No

Screen:	<input type="text"/>	Shaped	<input type="text"/>	Damaged	<input type="text"/>
Chipped	<input type="text"/>	Cracked	<input type="text"/>		

NOTE: IF THE VEHICLE HAS ANY DAMAGE, COVER FOR SUCH DAMAGE IS EXCLUDED UNTIL IT HAS BEEN REPAIRED AND WRITTEN PROOF THEREOF IS RECEIVED BY THE INSURER

ACCESSORIES (Please indicate where applicable)

Full Fairing	<input type="text"/>	Steering Damper	<input type="text"/>
Bikini Fairing	<input type="text"/>	Custom Spray Job	<input type="text"/>
Panniers	<input type="text"/>	Custom Shocks	<input type="text"/>
Top Box	<input type="text"/>	Alarm	<input type="text"/>
Hugger	<input type="text"/>	Immobiliser	<input type="text"/>
Polished Rims	<input type="text"/>	Tracking Device	<input type="text"/>

DESCRIPTION AND CONDITION OF ACCESSORIES:

INSPECTION DECLARATION

I confirm that I have physically inspected the above vehicle and I further confirm that the details as reflected are true and correct.
I understand that spot checks will be carried out from time to time and if it is found that the information reflected on this document is not correct, I will be responsible for any claims that should arise and also be instantly dismissed.

INSPECTOR'S SIGNATURE

DEALER'S STAMP

PRINT NAME

CLIENT'S SIGNATURE

INSPECTION DATE