



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/beatng, 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/beatng, 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.	
	

