



## 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.																																																																			
Make		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Jack</td> <td>Yes</td> <td></td> <td>No</td> <td></td> <td colspan="2">Wheel spanner</td> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> <tr> <td colspan="2">Spare wheel</td> <td>Yes</td> <td></td> <td>No</td> <td></td> <td colspan="2">Triangles</td> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> <tr> <td colspan="2">Hub Caps</td> <td>Yes</td> <td></td> <td>No</td> <td></td> <td colspan="2">Mats</td> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> <tr> <td colspan="2">Other</td> <td colspan="10"></td> </tr> </table>																		Jack		Yes		No		Wheel spanner		Yes		No		Spare wheel		Yes		No		Triangles		Yes		No		Hub Caps		Yes		No		Mats		Yes		No		Other											
Jack		Yes		No		Wheel spanner		Yes		No																																																									
Spare wheel		Yes		No		Triangles		Yes		No																																																									
Hub Caps		Yes		No		Mats		Yes		No																																																									
Other																																																																			
Vehicle Model																																																																			
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/beatings, 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.	
	

