

SUV collection/Delivery inspection report

Collection Date: _____ Time: _____ Delivery Date: _____ Time: _____

Collection / Dispatcher
Details:
Name:
Address:

Postcode:
Contact number:

Transporter Details:
Name:
Address:

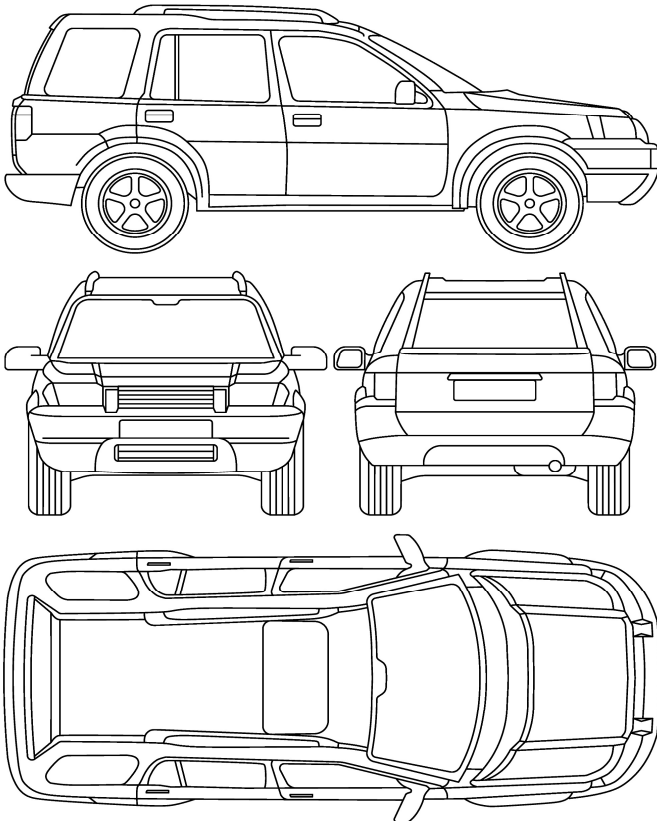
Postcode:
Contact number:
Email:

Destination recipient:
Name:
Address:

Postcode:
Contact number:
Email:

Vehicle details:
Make: _____ Model: _____ Colour: _____ Registration: _____
VIN: _____ Mileage: _____

Circle defects and label with appropriate code



Key:

SC	Scratch
DSC	Deep Scratch
DT	Dent
CH	Chip
DF	Deformed
RU	Rust
GD	Glass damage
TD	Tyre damage
WD	Wheel Damage

Notes:

Take pictures or add further notes on the back of this form

Collection extras: if applicable
Keys: Y / N sets..... V5 or new owner slip: Y / N Handbook: Y / N

Collection / Dispatcher
Name:
Signature:

Date:

Transporter
Name:
Signature:

Date:

Destination recipient
Name:
Signature:

Date: