

# AUTOMOBILE INSPECTION REPORT

Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Description of the automobile and/or trailer inspected:

YEAR	TRADE NAME	STYLE OF BODY	LOAD CAPACITY	MOTOR OR SERIAL NO	NO. CYLINDERS

Are the following items in good condition and functional? Please check Yes or No block, and comment if necessary on Items 1 through 10.

	Yes	No	Comments
1. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>	
2. Horn	<input type="checkbox"/>	<input type="checkbox"/>	
3. Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
4. Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
5. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
6. Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	
7. Stop Lights	<input type="checkbox"/>	<input type="checkbox"/>	
8. Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	
9. Steering	<input type="checkbox"/>	<input type="checkbox"/>	
10. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	

11. What is condition of tires? (If unsatisfactory, indicate which ones and condition.)  
 \_\_\_\_\_

12. Condition of windows. If any unsatisfactory (cracked, broken, etc.), indicate which ones and condition.  
 \_\_\_\_\_  
 \_\_\_\_\_

13. What is general mechanical condition? \_\_\_\_\_

14. What is general appearance of body as to paint upkeep, etc.? \_\_\_\_\_

15. Does auto appear properly greased? \_\_\_\_\_

16. In addition to any defects disclosed above, what changes or repairs are necessary to place the vehicle in safe driving condition?  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify the answers and statements to the above are correct and are made after inspection of this vehicle by:

\_\_\_\_\_  
(NAME OF GARAGE)

\_\_\_\_\_  
(DATE INSPECTED)

\_\_\_\_\_  
(SIGNATURE OF PROPRIETOR OR MECHANIC)