



USED VEHICLE INSPECTION REPORT ANGOLA

Inspection Date:

Inspection valid until:

Report Date:

EXPORTER'S NAME & ADDRESS:

IO Number:

Partial number:

COUNTRY OF ORIGIN:

SHIPMENT

Sea <input type="checkbox"/>	Other <input type="checkbox"/>	FCL <input type="checkbox"/>	LCL <input type="checkbox"/>	Total <input type="checkbox"/>	Partial <input type="checkbox"/>	Partial Final <input type="checkbox"/>
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Place of Inspection:

**INSPECTION
RESULT**

POI Rep's name & signature

Inspector's name & signature

DETAILS OF THE VEHICLE

Make		VISUAL CHECKS	S*	U**
Model		Air Filter		
Year		Battery		
Body type		Belts		
Body colour		Body Paint		
Engine size		Carpets		
Engine type		Exhaust Pipe		
No. of gears		Exterior Trim		
Frame No.		Hoses		
Odometer		Interior Trim		
Driven axles		Mirrors		
Service record (yes/no)		Radiator		
Air conditioning (yes/no)		Seats		
Radio / Cas / CD (yes/no)		Sleeper Area		
Gross weight:	Net weight:	Sleeper Bed		
		Suspension		
		Tyres		
		Wheels		
		Windows		
		Wiring		
		S* = SATISFACTORY U** = UNSATISFACTORY		

DAMAGE SUMMARY (Briefly describe any body damage, corrosion, broken lights, etc...):

COMMENTS (Please specify condition of the car: very good / good / average / poor / very poor):

Inspector's arrival time:

Inspector's departure time:

Time spent on inspection:

Mileage: