

Camper Scheme



Motor Vehicle Roadworthiness Inspection Report

Broker Agency No
 Insurer Policy No
 Name of Insured
 Address of Insured
 Registered Number Chassis Number
 Engine Number Make and Model of Vehicle
 Year c c Current Market Value
 Mileage Has the Camper been modified in any way?

If "yes" Please give details

Left Hand Drive Yes No Is it a metal bodyshell Yes No

1 Lighting a) Are all necessary lights and reflectors fitted? Yes No
 b) Are all lights in working order and correctly defined? Yes No
 c) Is the dipping device in order and when dipped are the lights properly deflected? Yes No

2 Brakes a) Is the hand brake effective and correctly adjusted? Yes No
 b) State effectiveness of foot brake Tick as appropriate
 Good Satisfactory Unserviceable

3 Tyres c) Is there leakage of brake fluid? Yes No

State the condition of each tyre and percentage of tread remaining

1 General Condition						2. Tread remaining in mm					
	LF	RF	LR	RR	Spare	LF	RF	LR	RR	Spare	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4 Steering a) Is the Steering free from undue play? Yes No
 b) Is the Steering operating freely? Yes No
 c) Is the front wheel alignment correct? Yes No

5 Seatbelts a) Are seatbelts in order? Yes No

Please also report on the condition of

Front axle bearings and wheels

Rear axle bearing and wheels

Road Springs

Doors locks and hinges

Electric wiring

Gear box and transmission

Fuel pipes and connections

General condition of the undercarriage

Yes

No

Mirrors

Wipers/Horn

Indicators

Is the vehicle in a sound roadworthy condition?

If not what repairs are necessary to make it so?

Has the vehicle been road tested by the person completing this report?

Yes

No

Comments

Signed

Date

Qualification

Address

Garage Stamp

Is this garage a main dealer for this make of vehicle?

Yes

No