# Vehicle Defect Form

|  |  |  |  |  |  |  |
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| **[Insert your organisation’s name here]**  NOTE: All damage and/or faults should be recorded on this form, whether or not they are “new”  This form must be handed in to the office | | | | | | |
| Date: | | | Odometer Reading: | | | |
| Registration No: | | | Driver: | | | |
| DEFECT AREA (tick appropriate boxes) | | | | | | |
| Battery |  | Fuel/oil leaks | |  | Seats/seatbelts |  |
| Body (ext) |  | Windows | |  | Steering/suspension |  |
| Body (int) |  | Heating/vent | |  | Passenger lift/ramp |  |
| Brakes |  | Horn/alarms | |  | Wheels/tyres |  |
| Coolant |  | Lights/indicators | |  | Wipers/washers |  |
| Door |  | Engine/gearbox | |  | Mirrors |  |
|  |  |  | |  |  |  |
| PLEASE GIVE BRIEF DETAILS OF FAULT AND/OR SYMPTOMS BELOW | | | | | | |
| Defect Repaired/Rectified. Yes/No | | | Vehicle booked into garage. Yes/No | | | |
| Remarks | | | Remarks | | | |
| Date: | | | Date fault repaired: | | | |
| Signed: | | | Signed: | | | |
| Appointment/position | | | Appointment/position | | | |