

# VEHICLE PRE-SHIPMENT SURVEY REPORT

**INSTRUCTIONS:**  
**Be very careful to be exact. Inspect every aspect of the vehicle.**

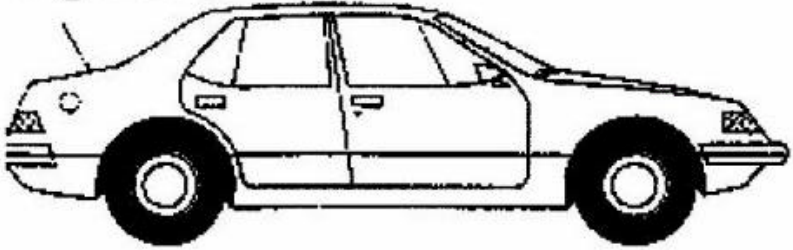


Report Number	
Insured	
Date	
Origination	
Destination	
Mover	
Serial VN Number	
Make	
Model	
Type	

**Indicate all damage (give dimensions of damage where possible)**

- |                         |                                      |                   |                      |                    |
|-------------------------|--------------------------------------|-------------------|----------------------|--------------------|
| <b>B</b> Bent           | <b>BR</b> Broken                     | <b>C</b> Chafed   | <b>CH</b> Chipped    | <b>D</b> Dented    |
| <b>GC</b> Glass Cracked | <b>H</b> Hairline Scratch            | <b>M</b> Missing  | <b>R</b> Metal Rusty | <b>S</b> Scratched |
|                         | <b>SCD</b> Scratched, Chafed, Dented | <b>SM</b> Smashed | <b>T</b> Torn        |                    |

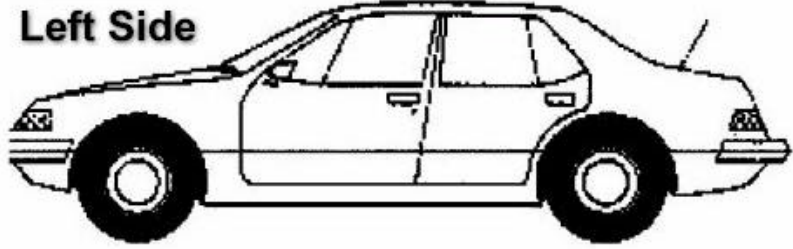
**Right Side**



**Front**



**Left Side**



**Back**



**Check Where Applicable**

- |  |   |
|--|---|
| <input type="checkbox"/> Hairline Scratches all over   | <input type="checkbox"/> Heavy dust and mud covered; Minor defects, if any, unable to determine |
| <input type="checkbox"/> Locked glove compartment      | <input type="checkbox"/> Locked rear trunk  |
| <input type="checkbox"/> Scratched and chafed all over | <input type="checkbox"/> Wet by rain  |

**Check Appropriate Answer**

- |  |  |
|--|--|
| Battery Disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Locked Rear Trunk? <input type="checkbox"/> Yes <input type="checkbox"/> No    | Radiator Drained? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wet By Rain? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |

