



VEHICLE VALUATION CERTIFICATE

DATE

MEMBER NAME **DOB**

Physical Address

Postal Address

Telephone | Cell Number

Email Address

Name of Consultant

VEHICLE INFORMATION

Make/Model Year

Registration Mileage

Engine and Chassis No's

ACCESSORIES (circle y or n)

Canopy Y / N	Spotlights Y / N	Roll Bar Y / N	Tow Hitch Y / N	Other Y / N
--------------	------------------	----------------	-----------------	-------------

If 'Other' describe

CAR AUDIO SYSTEM

Radio Make/Model CD Player Y / N Sound System Y / N

PLEASE INDICATE GENERAL CONDITION OF VEHICLE

Body & Paint Interior

Mechanical

Windscreen Front Rear

Lights Front Rear

Tyres Front Left Right

Tyres Back Left Right

ANY EXISTING VEHICLE DAMAGE (PLEASE GIVE DETAILS)

.....

ESTIMATED MARKET VALUE US\$ (Incl duty equivalent in US\$) _____-00

DEALER NAME

DEALER STAMP

SIGNED

DATE