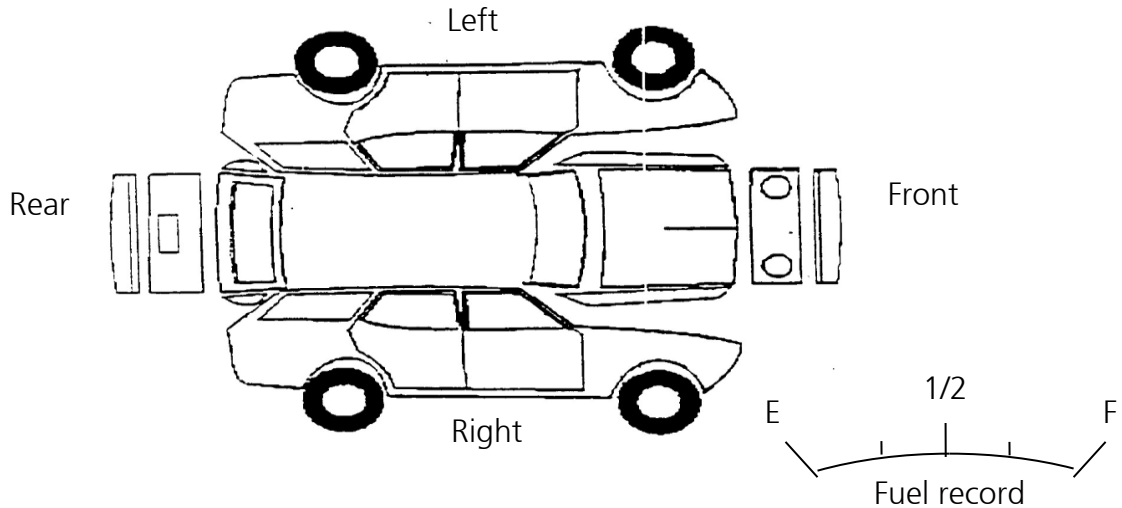


Maintenance Record Form

Form No.: _____

Record of Vehicle Received			
Name of Workshop		Vehicle Registration Mark	
Date of Receipt		Vehicle Model	
Name of Customer		Vehicle Identification No.	
Contact No. of Customer		Vehicle Mileage	
 <p>The diagram shows a top-down view of a vehicle with four wheels. The top is labeled 'Left', the bottom 'Right', the left side 'Rear', and the right side 'Front'. To the right of the vehicle is a fuel record scale with markers 'E', '1/2', and 'F'.</p>			
Existing damage to the vehicle bodyshell / interior configurations:			
Other information:			
Customer's signature:		Signature by person-in-charge of workshop/vehicle mechanic:	

Maintenance Record Form

Form No.: _____

Maintenance Record			
Inspection items	(Please put a ✓ in the appropriate box)	Follow-up items	Items handled
1. Wipers	<input type="checkbox"/>		
2. Mirrors	<input type="checkbox"/>		
3. Operation of instrument panel	<input type="checkbox"/>		
4. Brake pedal and hand brake free play	<input type="checkbox"/>		
5. Front brake linings and brake discs Rear brake linings and brake discs/drums	<input type="checkbox"/>		
6. Horn	<input type="checkbox"/>		
7. Operation of steering system	<input type="checkbox"/>		
8. Engine oil level	<input type="checkbox"/>		
9. Air filter	<input type="checkbox"/>		
10. Windscreen/ Windshield	<input type="checkbox"/>		
11. Air-conditioning system	<input type="checkbox"/>		
12. Basic operation of engine	<input type="checkbox"/>		
13. Cooling system	<input type="checkbox"/>		
14. Leakage (fuel, engine oil and coolant)	<input type="checkbox"/>		
15. Tyre tread depth and pressure	<input type="checkbox"/>		
16. Engine belts	<input type="checkbox"/>		
17. Engine starting system	<input type="checkbox"/>		
18. Alternator output	<input type="checkbox"/>		

Maintenance Record Form

Form No.: _____

19. Fuel system	<input type="checkbox"/>		
20. Suspension system	<input type="checkbox"/>		
21. Gearbox/Differential oil level	<input type="checkbox"/>		
22. All vehicle lights (brake lights, headlights, indicator lights, etc.)	<input type="checkbox"/>		
23. Operation of battery and battery water level	<input type="checkbox"/>		
24. Exhaust system	<input type="checkbox"/>		
25. Others	<input type="checkbox"/>		
(1)	<input type="checkbox"/>		
(2)	<input type="checkbox"/>		
(3)	<input type="checkbox"/>		
(4)	<input type="checkbox"/>		
(5)	<input type="checkbox"/>		

Maintenance Record Form

Form No.: _____

Remarks:

Name of registered vehicle mechanic/ workshop supervisor	Signature/ Registered vehicle mechanic's stamp	Company chop	Date
Vehicle Pick-up Record			
Customer's signature:	Signature by person-in-charge of workshop/vehicle mechanic:	Date:	