

# T. A. Firth & Son Limited

## AUTOMOBILE INSPECTION CERTIFICATE

To be completed and signed by a qualified Automobile Mechanic.

Company: \_\_\_\_\_ Policy No: \_\_\_\_\_ Insured: \_\_\_\_\_

Year	Make	Type	Serial No.	Mileage
1. FRONT END		Roadworthy    Unsafe		Roadworthy    Unsafe
Alignment	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Bearings	<input type="checkbox"/> <input type="checkbox"/>
Left Shock Absorber	<input type="checkbox"/>	<input type="checkbox"/>	Ball Joints	<input type="checkbox"/> <input type="checkbox"/>
Right Shock Absorber	<input type="checkbox"/>	<input type="checkbox"/>	Steering Arms	<input type="checkbox"/> <input type="checkbox"/>
Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>	Steering (Slack)	<input type="checkbox"/> <input type="checkbox"/>
			Springs	<input type="checkbox"/> <input type="checkbox"/>
2. BRAKE SYSTEM		Roadworthy    Unsafe	3. LIGHT	Roadworthy    Unsafe
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Head Lamps Right Hi	<input type="checkbox"/> <input type="checkbox"/>
Braking Effect	<input type="checkbox"/>	<input type="checkbox"/>	Low	<input type="checkbox"/> <input type="checkbox"/>
Brake Hose	<input type="checkbox"/>	<input type="checkbox"/>	Left Hi	<input type="checkbox"/> <input type="checkbox"/>
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	Low	<input type="checkbox"/> <input type="checkbox"/>
Brake Drum (Right Front)	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lamps	<input type="checkbox"/> <input type="checkbox"/>
Brake Linings (Right Front)	_____ % Wear		Tail Lamps	<input type="checkbox"/> <input type="checkbox"/>
			Directional Lamps	<input type="checkbox"/> <input type="checkbox"/>
4. General		Roadworthy    Unsafe		Roadworthy    Unsafe
Tires Front Left	<input type="checkbox"/>	<input type="checkbox"/>	Door Latches	<input type="checkbox"/> <input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>	Left Rear Suspension	<input type="checkbox"/> <input type="checkbox"/>
Rear Left	<input type="checkbox"/>	<input type="checkbox"/>	Right Rear Suspension	<input type="checkbox"/> <input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/> <input type="checkbox"/>
Spare	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Pipes	<input type="checkbox"/> <input type="checkbox"/>
Horne	<input type="checkbox"/>	<input type="checkbox"/>	Front Bumper	<input type="checkbox"/> <input type="checkbox"/>
Windshield Wipers & Defroster	<input type="checkbox"/>	<input type="checkbox"/>	Rear Bumper	<input type="checkbox"/> <input type="checkbox"/>
Hood Latch	<input type="checkbox"/>	<input type="checkbox"/>	Rear View Mirror	<input type="checkbox"/> <input type="checkbox"/>
Body Condition (Rust/Damage)	<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/> <input type="checkbox"/>

Indicate any damaged, cracked or broken glass \_\_\_\_\_

Describe any motor or body modifications \_\_\_\_\_

Has Insured arranged to have defects remedied? \_\_\_\_\_

Name of Garage \_\_\_\_\_ Date of Examination \_\_\_\_\_

Signature of Examiner \_\_\_\_\_ Mechanic's Certificate No. \_\_\_\_\_