

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"/>
Left Shock Absorber		<input type="checkbox"/>		<input type="checkbox"/> Ball Joints
		<input type="checkbox"/> Right Shock		<input type="checkbox"/>
Absorber		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Steering Arms
Tie Rod Ends		<input type="checkbox"/> <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"/>
Braking Effect		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/> Brake Hose	Low	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/> Left
		<input type="checkbox"/> Parking Brake	Hi	<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	Low	<input type="checkbox"/> <input type="checkbox"/>
(Right Front)		<input type="checkbox"/> Brake Drum	Brake Lamps	<input type="checkbox"/> Tail Lamps
		<input type="checkbox"/>		<input type="checkbox"/>
(Right Front) _____% Wear		<input type="checkbox"/> Brake Linings		<input type="checkbox"/> Directional Lamps
				<input type="checkbox"/> <input type="checkbox"/>
4. General		Roadworthy Unsafe		Roadworthy Unsafe
Tires Front Left		<input type="checkbox"/>	Door Latches	<input type="checkbox"/>
				<input type="checkbox"/> Left Rear
Right		<input type="checkbox"/> <input type="checkbox"/>	Suspension	<input type="checkbox"/>
Rear Left		<input type="checkbox"/>		<input type="checkbox"/> Right Rear
			Suspension	<input type="checkbox"/>
Right		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Muffler <input type="checkbox"/>
		<input type="checkbox"/> Spare		<input type="checkbox"/> Exhaust Pipes
<input type="checkbox"/>				<input type="checkbox"/>
orne		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Front Bumper
				<input type="checkbox"/>
shield Wipers & Defroster		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Rear Bumper
				<input type="checkbox"/>
				<input type="checkbox"/> Wind

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Latch	<input type="checkbox"/>	<input type="checkbox"/>	Hood	<input type="checkbox"/>	Rear View
Condition (Rust/Damage)	<input type="checkbox"/>	<input type="checkbox"/>	Body	<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. _____