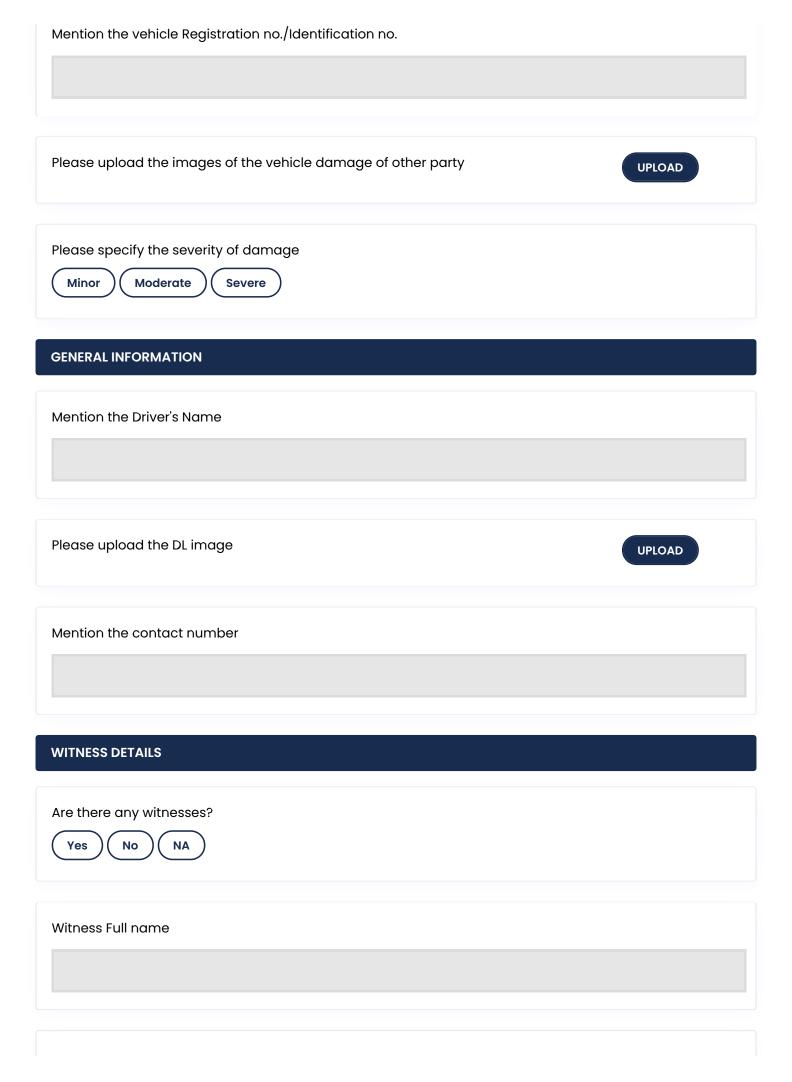
## Vehicle Damage Report Checklist

**Transport & Logistics** 

AUDIT VERIFICATION	
Driver Signature	SIGNATURE
Fleet manager Signature	SIGNATURE
DAMAGE AND VEHICLE DETAILS	
Date of incident	DATE
2017-01-01	
Time of incident	TIME
Please mention the location name	
Please specify the weather condition   Clear Rainy/Stormy Snowing	
Please specify the degree of damage   Minor Moderate Severe	

Please select the source of damage	
Collision Weather-impact Unintended	
Please describe the incident	
textarea	
Please upload the evidence image of damage	UPLOAD
Please upload the images of surrounding vehicle	UPLOAD
Is any other part involved in the incident?	
Please mention the full name of the driver	
Please upload the DL image	UPLOAD
Mention the contact number	
Mention the vehicle brand	



Witness contact number