

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?

Yes

No

NA

Please mention the full name of the driver

Please upload the DL image

UPLOAD

Mention the contact number

Mention the vehicle brand

Mention the vehicle Registration no./Identification no.

Please upload the images of the vehicle damage of other party

UPLOAD

Please specify the severity of damage

Minor

Moderate

Severe

GENERAL INFORMATION

Mention the Driver's Name

Please upload the DL image

UPLOAD

Mention the contact number

WITNESS DETAILS

Are there any witnesses?

Yes

No

NA

Witness Full name

Witness signature

SIGNATURE

Witness contact number