



NBN: 280044686 Phone: + 6723 51928 or + 6723 56653

RETURN DATE DUE IN _____

RETURN TIME _____

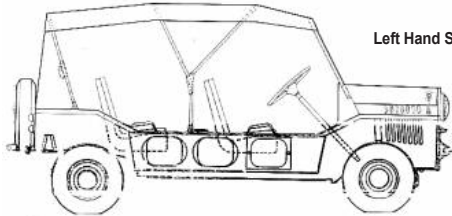
RETURN LOCATION _____

VEHICLE CONDITION REPORT

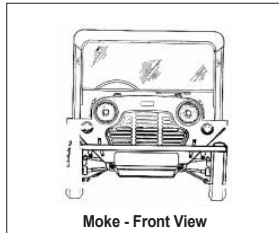
REGO COLOUR FUEL

E										F
---	--	--	--	--	--	--	--	--	--	---

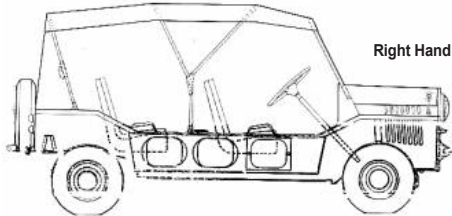
PLEASE CHECK YOUR CAR, NOTE ANY DAMAGES AND BRING TO OUR OFFICE.



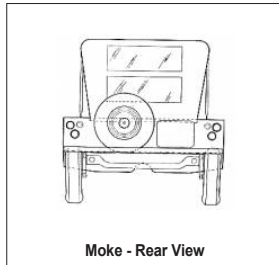
Left Hand Side View



Moke - Front View



Right Hand Side View



Moke - Rear View

- X DENT/CHIP
- ✓ SCRATCH/RUB
- CANOPY

PLEASE COMPLETE THIS SECTION WHEN FINALISING PAPERWORK

DECLARATION: I have inspected this vehicle and agree that all damage is noted above. I accept full liability for any further damage whilst in my care.

Customer Name: _____

Email: _____

Signature: _____ Date: _____



NBN: 280044686 Phone: + 6723 51928 or + 6723 56653

RETURN DATE DUE IN _____

RETURN TIME _____

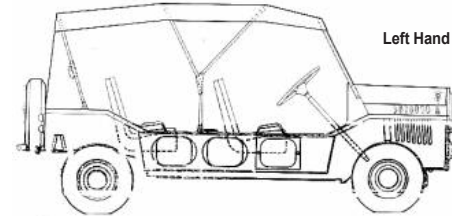
RETURN LOCATION _____

VEHICLE CONDITION REPORT

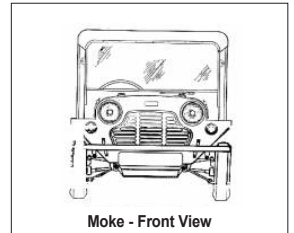
REGO COLOUR FUEL

E										F
---	--	--	--	--	--	--	--	--	--	---

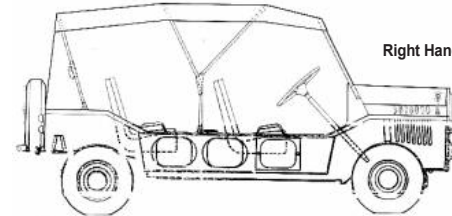
PLEASE CHECK YOUR CAR, NOTE ANY DAMAGES AND BRING TO OUR OFFICE.



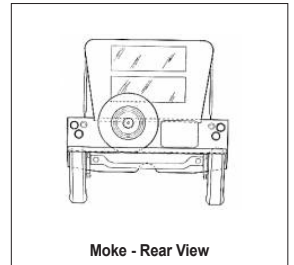
Left Hand Side View



Moke - Front View



Right Hand Side View



Moke - Rear View

- X DENT/CHIP
- ✓ SCRATCH/RUB
- CANOPY

PLEASE COMPLETE THIS SECTION WHEN FINALISING PAPERWORK

DECLARATION: I have inspected this vehicle and agree that all damage is noted above. I accept full liability for any further damage whilst in my care.

Customer Name: _____

Email: _____

Signature: _____ Date: _____