



asiaINSURANCE  
company Ltd.

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## Motor Vehicle Inspection Form

Cover Note No: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

Particulars:

Make: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Reg No: \_\_\_\_\_ CC: \_\_\_\_\_

Chassis No: \_\_\_\_\_ Model: \_\_\_\_\_

Engine No: \_\_\_\_\_ Color: \_\_\_\_\_

### **Detail of Accessories (Additional)**

	Yes	No	Make/Model		Value	
Cassette/CD Player						
Air Conditioner						
CNG Kit						
TV						
Tracker						

Sum Insured \_\_\_\_\_ Purchasing Date of Vehicle \_\_\_\_\_

Where the vehicle parked at night:  Garage  In Open

Use of Vehicle:  Private  Commercial

Vehicle Condition: \_\_\_\_\_

Examine At (Place): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Insured Signature/Stamp

\_\_\_\_\_  
Examiner Signature