

Customer Name:

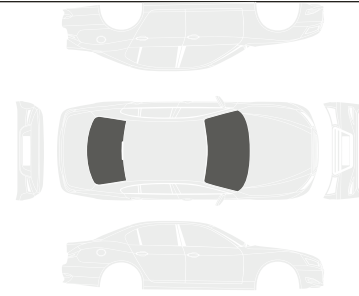
Registration No:

Model:

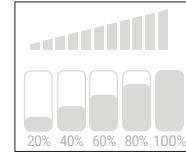
Address:

Driver Name:

Phone No:



Current Fuel Level
or
Traction Battery SOC



Type of Service: FR PMS RR Bodyshop Other

Inventory Check List

Demanded Repairs:

| Idle: | Available | | Condition | |
|-----------------------|-----------|----|-----------|--------|
| | Yes | No | OK | Not OK |
| Perfume: | | | | |
| Owner's Manual: | | | | |
| Charger: | | | | |
| Flat Tyre Repair Kit: | | | | |
| Jack and Handle: | | | | |
| Tool Kit: | | | | |
| Floor Mats: | | | | |
| Wheel Covers: | | | | |
| Stereo: | | | | |
| Speakers: | | | | |
| Stereo Remote: | | | | |
| Mud Flaps No: | | | | |
| AC Charging Cable: | | | | |
| Any Other Accessory: | | | | |

Road Test Done: Yes No

Vehicle Handed to:

Name:

Time:

Signature:

Additional Fitment:

Customer feedback during delivery:

I hereby authorize the above-mentioned jobs to be executed using the required material. Also that my vehicle will be stored, driven and repaired at my risk.

Pick-Up:

Drop:

Customer Sign:

Customer Sign:

Driver Sign:

Driver Sign:

Date & Time:

Date & Time: