Vehicle Condition Assessment Checklist

Date: _____   Assessor Name: _____   Vehicle Make/Model:
_____   Registration No: _____   Mileage: _____

Exterior

Item	Good	Fair	Poor	Comments
Body Panels/Paintwork	☐	☐	☐	
Glass & Mirrors	☐	☐	☐	
Lights (All)	☐	☐	☐	
Tyres	☐	☐	☐	
Wipers/Washers	☐	☐	☐	

Interior

Item	Good	Fair	Poor	Comments
Seats & Upholstery	☐	☐	☐	
Dashboard & Controls	☐	☐	☐	
Seat Belts	☐	☐	☐	
Carpets/Floor Mats	☐	☐	☐	
Air Conditioning/Heater	☐	☐	☐	

Engine & Mechanical

Item	Good	Fair	Poor	Comments
Engine	☐	☐	☐	
Transmission	☐	☐	☐	
Brakes	☐	☐	☐	
Battery	☐	☐	☐	
Fluid Levels	☐	☐	☐	

Additional Notes

Enter additional remarks or observations here...

Assessor's Signature

Name: [_____]   Date: [_____]

Signature: _____