

FACILITY ASSOCIATION MOTORCYCLE INSPECTION REPORT

DATE THIS FORM IS COMPLETED

DD/MM/YY

THIS FORM IS TO BE COMPLETED AND RETURNED TO THE FOLLOWING SERVICING CARRIER _____

VEHICLE OWNER			FA BINDER NUMBER OR POLICY NUMBER		
FIRST NAME		LAST NAME			
ADDRESS			DATE OF INSPECTION DD/MM/YY		
STREET NUMBER	STREET	APT NO	AREA CODE AND PHONE NUMBER		
			BUSINESS		
			() ()		
			RESIDENCE		
			() ()		
CITY	PROVINCE	POSTAL CODE	AGENT OR BROKERS NAMES		

VEHICLE

VEHICLE MAKE	YEAR	MODEL	ENGINE C	LICENCE PLATE NUMBER	VIN NUMBER	ODOMETER

COMMENTS OF INSPECTOR

NOTE: THIS FORM IS TO BE COMPLETED FOR ALL MOTORCYCLES WITH AN ENGINE CAPACITY OF 750CC OR GREATER WHERE COMPREHENSIVE OR SPECIFIED PERILS COVERAGE IS REQUESTED.

COVERAGE MAY NOT BE BOUND UNLESS:

THE PERSON COMPLETING THIS INSPECTION CERTIFIES THEY HAVE PERSONALLY SEEN THE MOTORCYCLE AND VERIFIED THE VEHICLE'S REGISTRATION LICENCE, SERIAL NUMBER (VIN) AND OTHER DETAILS MATCH THOSE SHOWN UNDER THE APPLICATION OR POLICY CHANGE / ENDORSEMENT REQUEST.

THE AGENT / BROKER CERTIFIES ON THE APPLICATION OR POLICY CHANGE / ENDORSEMENT FORM THEY HAVE PERSONALLY SEEN THE VEHICLE REGISTRATION / LICENCE AND THAT THE SERIAL NUMBER AND OTHER DETAILS MATCH THOSE SHOWN ON THE APPLICATION OR POLICY CHANGE / ENDORSEMENT REQUEST.

WHERE THE ESTIMATE VALUE IS \$15,000 OR MORE AND THE VEHICLE IS NOT NEWLY PURCHASED FROM A DEALER, THE APPLICANT MUST PROVIDE AT THEIR OWN EXPENSE A CERTIFICATE WHICH SUBSTANTIATES THE VALUE AND IS COMPLETED BY AN INDEPENDENT APPRAISER ACCEPTABLE TO THE SERVICING CARRIER.

PLEASE CHECK ONE

BROKER

APPRAISER

SIGNATURE OF INSPECTOR **LICENCED MECHANIC**