



MACQUARIE LEASING
COMMITTED TO MAKING A DIFFERENCE

FORWARD thinking

CUSTOMER VEHICLE APPRAISAL FORM

DATE

DRIVER DETAILS

NAME POSITION

EMAIL

TEL 1 VIEWING ADDRESS

TEL 2

VEHICLE DETAILS

MAKE REG No EXPIRY

MODEL BUILD DATE COMP. DATE

SERIES ODOMETER ENG TYPE

BODY COLOUR TRIM

VIN No. ENG No.

FUEL PETROL DIESEL LPG DRIVE 2WD 4WD TRANS MANUAL AUTO

FACTORY OPTIONS & ACCESSORIES

Please indicate with (X) which of the following features your vehicle includes:

AIR CONDITIONING	<input type="checkbox"/>	ABS	<input type="checkbox"/>	TOW BAR	<input type="checkbox"/>
AIR BAGS	<input type="checkbox"/>	ALARM	<input type="checkbox"/>	ROOF RACKS	<input type="checkbox"/>
POWER WINDOWS	<input type="checkbox"/>	CENTRAL LOCKING	<input type="checkbox"/>	SAT NAV	<input type="checkbox"/>
ALLOY WHEELS	<input type="checkbox"/>	CD PLAYER	<input type="checkbox"/>	2 KEYS & REMOTE	<input type="checkbox"/>
1 OWNER	<input type="checkbox"/>	SUNROOF	<input type="checkbox"/>	OTHER	<input type="text"/>
SERVICE BOOKS	<input type="checkbox"/>	LEATHER TRIM	<input type="checkbox"/>		
POWER STEERING	<input type="checkbox"/>	BLUETOOTH	<input type="checkbox"/>		
CRUISE CONTROL	<input type="checkbox"/>	REVERSE CAMERA	<input type="checkbox"/>		
WINDOW TINT	<input type="checkbox"/>	REVERSE SENSORS	<input type="checkbox"/>		
XENON LIGHTS	<input type="checkbox"/>	SIDE STEPS	<input type="checkbox"/>		
BULL BAR	<input type="checkbox"/>	ELECTRIC SEATS	<input type="checkbox"/>		
DRIVING LIGHTS	<input type="checkbox"/>	THIRD ROW SEATS	<input type="checkbox"/>		

CONDITION

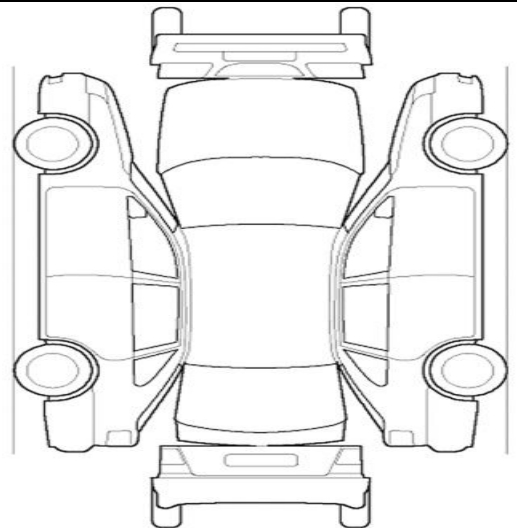
Please rate the condition / functionality out of a scale of 1-10

10 = Excellent / 7 = Good / 4 = Fair / 1 = Poor

BODY PANELS	<input type="checkbox"/>	PAINT WORK	<input type="checkbox"/>
TRANSMISSION	<input type="checkbox"/>	CLUTCH	<input type="checkbox"/>
ENGINE	<input type="checkbox"/>	DIFFERENTIAL	<input type="checkbox"/>
UPHOLSTERY	<input type="checkbox"/>	HEADLIGHTS	<input type="checkbox"/>
SPARE TYRE	<input type="checkbox"/>	BRAKES	<input type="checkbox"/>
AIR CONDITIONING	<input type="checkbox"/>	GLASS WORK	<input type="checkbox"/>
WINDSCREEN	<input type="checkbox"/>	RIMS / ALLOYS	<input type="checkbox"/>

ROADWORTHY TYRES	FRONT LEFT	FRONT RIGHT	REAR LEFT	REAR RIGHT
	YES / NO	YES / NO	YES / NO	YES / NO

PHYSICAL APPEARANCE



Please mark on the vehicle map any areas on the vehicle currently damaged or previously repaired.
X CHIP O DENT -- SCRATCH

I, the undersigned confirm this appraisal represents a fair and accurate description of this motor vehicle.

DRIVER'S SIGNATURE