

FORM-IX**MECHANICAL INSPECTION REPORT**

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal
Along with DAR within ninety (90) days of Accident

FIR No.	
Date	
Under Section	
Police Station	

Date of Mechanical Inspection	
Name of Motor Vehicle Inspector	
Registration No. of Motor Inspector	

1.	Vehicle Registration No.	
2.	Vehicle Type	Motorized 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/Trolley Not Known Other (Specify)
3.	Vehicle make	
4.	Motor Name	
5.	Colour of vehicle	
6.	Engine Number	
7.	Chassis Number	

8.	Location of vehicle inspection		
	Accident Site		
	Garage		
	Other (Specify)		
9.	In case of commercial vehicle		
	Details of Fitness		
	Details of permit		
10.	Evidence of Impact 1 (Paint Transfer)		
	Paint Transfer found	Yes	No
	Colour of Paint Transfer		
	Location of Paint Transfer		
11.	Evidence of Impact 2 (Scratch marks/Others)		
	Type of scratch		
	Location of scratch		
12.	Point of Impact		
13.	Mechanical Condition of Vehicle		
	Steering		
	Wheels		
	Wipers		
	Mirrors		
	Others		
14.	Whether vehicle modified by		
	Installing CNG/LPG Kit		
	Change of vehicle body		
15.	Condition of Tyres	Original	Retreaded
16.	Horn		
	Whether installed	Yes	No
	If yes, whether functional	Yes	No
17.	Brake lights & other lights functional	Yes	No
18.	Whether vehicle had faulty number plate	Yes	No
19.	Status of Airbags		
	Whether the vehicle fitted with airbags	Yes	No
	If yes, whether airbags were deployed	Yes	No
20.	For educational institution bus, whether the vehicle was fitted with the doors that can be shut & whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute	Yes	No
21.	Whether vehicle had tinted glasses	Yes	No
22.	Speed Limiter Devices in cases of PSVs (Commercial Vehicles)		
	Whether vehicle fitted with Speed Limiter	Yes	No
	If yes, whether functional	Yes	No
23.	Parking Sensors		
	Whether Rear Parking Sensors installed	Yes	No
	If yes, whether functional	Yes	No

24.	Vehicle Location Tracking (VLT) Devices	
	Whether Rear Parking Sensors installed	Yes No
	If yes, whether functional	Yes No
25.	Description of damage (including internal & external damage and estimated cost of damage)	
26.	Other details	
i.	Vehicle Category	Motorized Non-motorized
ii.	Registration Number Status	Known Unkwown Without Registration
iii.	Registration Number Status	Permanent Registration Temporary Registration Trade Certificate No. None Obtained
iv.	Load Category	Passengers Goods
v.	Year of Manufacture	
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing Sudden Start Starting from off side Starting from near side Sudden Stop Merging Diverging Stationary Using Private Entrance Parking Vehicle Temporarily Held Up
xiv.	Vehicle Damage	Rear Damage

		<p>Front Damage</p> <p>Top Damage</p> <p>Left Damage</p> <p>Right Damage</p> <p>Multiple Damage</p> <p>No Damage</p> <p>Total Damage</p>
xv.	Accused/Victim	<p>Accused Vehicle</p> <p>Victim Vehicle</p> <p>Not Known</p>
xvi.	Brake Type	<p>Air Brake</p> <p>Hydraulic</p> <p>Mechanical</p> <p>Vaccum Assisted Hydraulic Brake</p>
xvii.	Condition of Brake	<p>Air Brake</p> <ul style="list-style-type: none"> • Satisfactory • Want of air • Leakage of air • Worn out parts <p>Hydraulic</p> <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid <p>Mechanical</p> <ul style="list-style-type: none"> • Satisfactory • Worn out parts • Lack of Lubrication • Slackness in adjustment <p>Vaccum Assisted Hydraulic Brake</p> <ul style="list-style-type: none"> • Satisfactory • Want of fluid • Leakage of fluid • Want of air • Leakage of air • Worn-out parts
xviii.	Condition of Foot Brake	<p>Active Inactive</p>
xix.	Condition of Hand Brake	<p>Active Inactive</p>
xx.	Brakes Even or Not	<p>Even Not even</p>
xxi.	Mechanical Failure	<p>Yes No</p>
xxii.	Tyre Condition	<p>Worn Out</p> <p>In Order</p> <p>Remoulded</p> <p>Original</p> <p>Satisfactory</p> <p>Bald Wear</p> <p>Bead Separation</p> <p>Belt Separation</p> <p>Bent Bead</p>

		Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping/Scalloped Wear Damaged Bead Sidewall Tear Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Not a Mechanical Defect Opinion cannot be given None of the above

xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes No
xxx.	Whether Rear Parking Sensors Installed	Yes No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	Rear Damage Front Damage Top Damage Left Damage Right Damage Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the vehicle

Images/Videos to be attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

Motor Vehicle Inspector

Date : _____