

VEHICLE APPRAISAL FORM



Please complete the following form as fully as possible. The information you provide will form the basis of our valuation of your vehicle. If you fail to disclose any details that will in our opinion affect the vehicles value, we reserve the right to amend our offer accordingly.

Where items are marked * please delete as appropriate. Should you have any queries regarding this form please contact our team on **0845 166 2405**

Once completed, please fax this form to 0845 166 2406 or return by post to: Key Vehicle Solutions, Main Street, Cherry Burton, East Yorkshire, HU17 7RF

YOUR DETAILS

Name: _____

Company Name (If Applicable): _____

Address: _____

Post Code: _____

Telephone (Day): _____

Telephone (Evening if applicable): _____

VEHICLE DETAILS

Make: _____

Model: _____ Hatchback / Saloon / Estate*

Engine size (i.e. 1.6, 2.0, 2.5): _____

Fuel Type: _____ Petrol / Diesel / LPG*

Number of doors: _____

Gearbox: _____ Manual / Auto*

Date of registration: _____

Was this vehicle supplied by a UK dealer or was this a 'personal' / 'grey' import: _____

Registration number: _____

Current mileage: _____

Exterior colour: _____

Interior colour: _____

Upholstery material: Cloth / Leather*

Please list any extras or optional equipment fitted to the vehicle:

Road tax expiry date: _____

MOT expiry date: _____

Number of owners: _____

Does this vehicle have a full service history: _____

Where has the service work been carried out: Appropriate Franchised dealer / Independent garage / Part Both*

Approximate date last serviced: _____

Approximate tyre tread depth (mm): Drivers Side Front: Drivers Side Rear: Pas. Side Front: Pas. Side Rear: Spare:

Does this vehicle have any outstanding finance owing: Yes / No* If yes who with? _____

Please detail any body damage – i.e. Scratches, dents, rust etc:

Has this vehicle ever been involved in an accident: _____

Does this vehicle have any cracked headlight / fog light glass, or any cracks or chips in the windscreen. If yes please detail: _____

Does this vehicle have any other defects that you are aware of: _____

Name _____ Signed _____ Date _____