



CANADIAN DIRECT INSURANCE

Canadian Western Bank Group

AUTOMOBILE INSURANCE MOTOR VEHICLE INSPECTION REPORT

To: Canadian Direct Insurance	From:
Phone: 1.888.225.5234	Date:
Fax: 1.866. 413.5932	

This Report is required only if the vehicle is 15 years or older and must be completed by a licensed mechanic.

Applicant/Insured Name: _____ **Vehicle Make:** _____

Policy Number: _____ **Vehicle Model:** _____

VIN #: _____ **Vehicle Year:** _____

This Section to be completed by a Licensed Mechanic

	Roadworthy	Reject		Roadworthy	Reject
Steering			Electrical System		
Steering Box/Rack			Head Lamp/Tail Lamps		
Struts/Shocks			Stop Lamps		
Front Suspension			Signal Lamps		
Tie Rod Ends			Windshield Wipers		
Tires			General Conditions		
Front			Body Condition		
Rear			Muffler/Exhaust		
Brakes			Motor		
Front Lining or Drums			Windshield		
Rear Lining or Drums			Seat Belts		
Park			Has the vehicle been altered for speed or performance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brake Hoses			Is the vehicle roadworthy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brake Lines					

Mechanic's Statement: I certify that I have inspected and tested the motor vehicle described above and found it to be in the condition stated above.

Date: _____

Signature of Qualified Mechanic: _____

Mechanic's Certificate No.: _____

Automotive Repair Shop Name: _____

Address: _____

Vehicle Year: _____

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