

# Fleet Vehicle Handover Checklist

Vehicle Make & Model

Registration Number

VIN

Odometer Reading

Fuel Level

Date & Time

Handover From (Name)

Handover To (Name)

## Checklist

Item	Checked	Comments
Vehicle exterior (damage, scratches, dents)	<input type="checkbox"/>	<input type="text"/>
Tyre condition & pressure	<input type="checkbox"/>	<input type="text"/>
Lights & indicators	<input type="checkbox"/>	<input type="text"/>
Wipers & washers	<input type="checkbox"/>	<input type="text"/>
Horn & dashboard warning lights	<input type="checkbox"/>	<input type="text"/>
Brakes & handbrake	<input type="checkbox"/>	<input type="text"/>

Engine oil & fluids	<input type="checkbox"/>	<input type="text"/>
Interior condition	<input type="checkbox"/>	<input type="text"/>
Spare tyre/jack/tools present	<input type="checkbox"/>	<input type="text"/>
Registration & insurance documents	<input type="checkbox"/>	<input type="text"/>
Keys (main & spare)	<input type="checkbox"/>	<input type="text"/>

Additional Notes

Handover From (Signature)

Handover To (Signature)

Date