

**This document may be used to demonstrate the acceptability of the vehicle for safe use on a highway.**

The purpose of this document is to provide a declaration by suitably qualified person that the vehicle described below has been inspected and found to be correctly repaired to manufacturers specifications (where available) and that all safety related items have been returned to pre-damaged condition.

## Vehicle Details

VIN																								
Make												Model					Y	Y	Y	Y				
Body type												Year of manufacture												
Registration number (if applicable)																								
														Engine number										

## LVT / VIV must strike through items below that are not applicable

- I have caused this vehicle to be examined and have determined that it has been repaired and continues to comply with the vehicle manufacturer's standards and guidelines. A copy of the vehicle manufactures repair guidelines and explanation of repairs conducted (eg repair diary) has been sighted and is attached.
- I have determined that any sectional repairs have been completed in accordance with "VicRoads - Vehicle Standards Information sheet No 25 - Motor Vehicle Body Repairs" (available from VicRoads website vicroads.vic.gov.au).
- The vehicle body/frame dimensions and alignment have been electronically measured using a computerised measuring system and has been found to be within the dimensional and geometric limits set by the vehicle manufacture for the vehicle (attach measurements or printouts).
- The Supplementary Restraint System (SRS) has been checked and found to be operational and function correctly (attach Supplementary Restraint System Report form and original invoice from an authorised dealer).
- Rusted sections have been repaired or replaced and the original component strength and shape have been restored.

## Details of Insurance Company Approved panel shop

Name																		
Position																		
Date of inspection	D	D	•	M	M	•	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Company name											ABN							
Company address																		
Company stamp											Signature							

**\*Note: All sections of this document must be completed for it to be accepted.**

## Office Use Only

**Please contact LVT / VIV representative** to discuss requirements before commencing work.

Name	Contact phone number
------	----------------------