



Alliance Africa General Insurance Limited

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Covering Risk. Improving Lives.

INSPECTION REPORT

DATE: ----- TIME: -----

VENUE: -----

INSURED: -----

POLICY NO: -----

VEHICLE REG No: ----- MAKE: -----

DATE OF OCCURANCE: -----

INSPECTION DETAILS: -----

RECOMMENDATION: -----

NAME OF OFFICER: -----

SIGNATURE: -----