INTERMEDIATE REQUEST FOR A DAMAGE INSPECTION



PLI	EASE	FILL IN THE FOLLOWING:		
	Nu	ımber plate:	·	
	Co	mpany name:		
	Ind	dication of date and time :	/	
	(Th	ne final date and time will be confirm	ed after a phone call with SGS)	
	Ple	Please fill in the personal data of the person with whom the appointment is to be made:		
		Name and first name:		
		Mobile phone:		
		Email:		
		Liliali.		
DE	SIRE	D LOCATION		
	•	Your own company location – pleas	se fill in the complete address	
		. ,	·	
	•	which the inspection will be done (e	e at your location, SGS must first verify the circumstances in enough space, dry and sufficient light) and the ease of is visit, a one time fee will be invoiced.	
	Loc	Location "Cardoen": please indicate your preference		
	•	Brussels (Zaventem): Weiveldlaan	1 - 1930 Zaventem - tel. 02 416 80 70	
		Monday	AM – PM	
		 Wednesday 	AM – PM	
		Friday	AM - PM	
	•	Antwerp - Boomsesteenweg 958 -	- 2610 Antwerp – tel. 03 870 75 00	
		,	AM - PM	
	•	Ghent - Poortakkerstraat 11 - 9051		
			AM –PM	
	•	Possible hours: from 9h00 with a lo	ast booking at 17h30	
	Loc	Location "Boortmeerbeek" – Industrieweg 23 – 3190 Boortmeerbeek – tel. 016 61 93 53		
		Available hours: from 8h00 with a l	ast booking at 16h30	

CONDITIONS

- The inspection is executed before 5 working days after the request
- There is no minimum number of inspections required
- The vehicle must be clean (outside and inside), tidied up and in dry condition
- All official papers and spare keys have to be present in the vehicle
- All options and accessories, included in the lease contract, must be present (except dismounted ski box or bicycle rack)

CONFIRMATION

- SGS will contact you to make the final appointment (date and time)
- LeasePlan will send you a confirmation afterwards