# SUPPLEMENTARY RESTRAINT SYSTEM REPORT Water Immersed Write-Offs Vehicle Assessment Report

## LODGEMENT INFORMATION

To be incorporated with your Repair Diary

For enquiries please phone 1300 851 225

Internet: http://www.transport.tas.gov.au/vehicleinspections/ambris

### This document may be used to establish the acceptability of the vehicle for safe use on a public street.

VIN																	
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The purpose of this document is to provide a declaration by suitably qualified persons that the Supplementary Restraint Systems (SRS) and ECU's have been checked and the circuit integrity has been validated. This form is used for the purpose of establishing the condition and operational status of the vehicle SRS and the electrical circuitry in regards to obtaining a Structural Report and Certificate of Roadworthiness. It represents an inspection of the system on the date it is issued. This vehicle has been water immersed and this report is not a guarantee that future issues will not arise from the vehicle being water immersed.

Ι.	as the representative/manager of the
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company identified below, which is an Authorised Dealer of the vehicle manufacturer, am authorised to state on its behalf that.

#### Water Immersed Vehicle

This vehicle has been subject to flooding, which includes the ECU and SRS wiring. The ECU has been checked for contamination and/ or replaced and all wiring links have been checked for water entry or potential water damage/corrosion.All integrated circuitry (ABS, Traction Control, Stability Control etc) are not compromised. All air bags and any seat belt pre-tensioners are not contaminated and are still serviceable. (Attach agent's tax invoice).This may require disassembly or removal of various trim to verify the actual fitment of SRS components and that the wiring has not been tampered with or bypassed.

Make	Model	
Туре	Year of Manufacture	
Registration No	Engine No	

# Details of Authorised Dealer of the Vehicle Manufacturer

Name (representative/manager)		Signature	
Inspected on Date	/ /	Phone number	
Company Name		ABN	
Company Address		• •	
Company Stamp			

#### All sections of this document must be completed for it to be accepted

#### A Tax Invoice detailing the work performed must accompany this report

**Note:** Generic scan tools may be used for diagnosis however only Authorised Agents may perform the final test to complete this form.



**AMBRIS 6**