

Recycle airbag document to be completed by the supplier

Donor Vehicle details

Vehicle registration number		
Year	Model code	
Area of impact		
Chassis		

*** Important * Images of the following have been sent to the Assessor: Chassis number , impact damage , overall shots of the vehicle , front interior showing dash and steering wheel.**

 Yes

Supplier details

Supplier name		
Address		
Phone number		
Email		

Dispatch/Delivery details

Please ensure that all components are packaged appropriately. Packaging must be robust, able to absorb shock, offer suitable protection for transportation and have regard for the potential build up of static electrical charges. The AIRBAG should be stored FACE UP.

Dispatch date		
Dispatched by		
Packaging details		
Delivery address		

Parts Supplied

- | | |
|---|---|
| <input type="checkbox"/> Driver airbag | <input type="checkbox"/> Knee airbags |
| <input type="checkbox"/> Driver Ecu | <input type="checkbox"/> Brake pedal airbags |
| <input type="checkbox"/> Passenger airbag | <input type="checkbox"/> Crash sensors |
| <input type="checkbox"/> Passenger Ecu | <input type="checkbox"/> Abs System |
| <input type="checkbox"/> Clock spring | <input type="checkbox"/> Driver side impact airbag |
| <input type="checkbox"/> Drivers curtain airbag | <input type="checkbox"/> Passenger side impact airbag |
| <input type="checkbox"/> Passenger curtain airbag | <input type="checkbox"/> Other |
| <input type="checkbox"/> Passenger pre-tensioner | |
| <input type="checkbox"/> Driver pre-tensioner | |

I.....have inspected the vehicle indicated above and find no evidence to suggest that the vehicle has sustained damage either by impact, fire or immersion in water that would compromise the operation of the SRS. Signed..... Date.....

Please note - the invoice must show make, model and chassis number of the donor vehicle