



**COLMECH
DRIVEFIX**
EXPERT CARE TO EVERY RIDE

0799 950 728
colmechdrivefix@gmail.com
Nairobi, Kenya
We come to you!

TOWING AND RECOVERY FORM

TOW NO. _____

DATE: ____ / ____ / ____

1. CLIENT

Name: _____
Phone: _____
ID no. (optional): _____

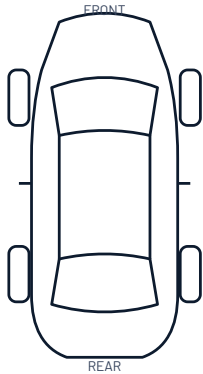
2. VEHICLE

Reg. no.: _____ Make / model: _____
Colour: _____ Odometer (km): _____
Fuel level: ☐ Empty ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ Full

3. JOB DETAILS

Pick-up location: _____ Drop-off location: _____
Pick-up time: _____ Arrival time: _____
Reason: ☐ Breakdown ☐ Accident ☐ Will not start ☐ Flat tyre ☐ Police / impound ☐ Other: _____
Tow type: ☐ Flatbed ☐ Wheel-lift ☐ Other: _____
Driver / tow operator: _____

4. CONDITION AT PICK-UP



Damage noted: _____

Keys handed over: ☐ Yes, how many: ____ ☐ No

Items in vehicle: ☐ Spare wheel ☐ Jack ☐ Documents ☐ Radio / screen

☐ Other: _____

Other valuables seen: _____

Please remove valuables. Items left in the vehicle remain the owner's responsibility.

Mark on the drawing: **S** scratch, **D** dent, **C** crack, **B** broken, **M** missing

5. CHARGES (KES)

DESCRIPTION	AMOUNT (KES)
Towing (distance: _____ km)	
Waiting / extra time	
Recovery (winching, accident)	
Other	
TOTAL	

Paid by: ☐ Cash ☐ M-Pesa ☐ Bank ☐ Insurance

Receipt / M-Pesa ref.: _____

6. AUTHORISATION AND HANDOVER

I authorise Colmech DriveFix to tow the vehicle described above to the drop-off location and confirm the condition recorded at pick-up.

OWNER / AUTHORISED PERSON (PICK-UP)

Name: _____

Signature: _____

Date: _____

RECEIVED AT DROP-OFF BY

Name: _____

Signature: _____

Date: _____



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Nairobi, Kenya | Scan to WhatsApp us

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