

| TRAILER   |  |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
|---|--|----------------|------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|------|------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| Make <u>Aluminium</u>   | Year Built _____   | Reg. No. _____ |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <b>Check visual condition of:</b><br>Coupling and Chain<br>Tilt Drawbar and Lock<br>Winch, Cable and Stand<br>Bow Safety Chain<br>Wheel Rims<br>Tyres<br>Wheel Bearings | <table style="width: 100%; border: none;"> <tr> <th style="text-align: center;">Good</th> <th style="text-align: center;">Poor</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Good           | Poor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <table style="width: 100%; border: none;"> <tr> <th style="text-align: center;">Good</th> <th style="text-align: center;">Poor</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Good | Poor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Brakes<br>Axle and Springs<br>Chassis<br>Roller/Supports<br>Trailer Lights |
| Good  | Poor   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| Good  | Poor   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
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| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |
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| <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |                |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |      |      |                                     |                          |                                     |                          |                                     |                          |                                     |                          |                                     |                          |  |

Please note your general comments on the overall condition of the Trailer, specifically those items that require immediate attention:

Excellent aluminium trailer

| MAST, SPARS, RIGGING & SAILS  |                            |
|---|----------------------------|
| Age of Rigging: _____   | Construction of Mast _____ |
| Condition:                      Good <input type="checkbox"/> Poor <input type="checkbox"/> |                            |

Recommendations:

Has Anchor winch  
colour sounder  
colour GPS.

Excellent Boat

## Disclaimer

Prospective purchasers should before auction seek their own advice on this vessel.

This may include safety equipment laws, trailering laws, registration etc etc. Seek this information both on a state and national level depending on where you reside.

No warranty is being offered or expressed on any vessel. Please seek your own advice if the vessel is new, as this may have a warranty.

### OFFICES – Club Marine Limited ABN 12 057 588 347

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- ☐ South Australia – Level 6, 89 Pirie Street, Adelaide 5000. Tel: 1300 55 CLUB (2582) Fax: (08) 7420 8240
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