

Rental Agreement

Please ensure the rental agreement is filled in as accurately and in as much detail as possible, signed and forwarded to SHAREa-CAMPER within 3 days of pick up.

Vehicle details

Vehicle rego

Vehicle make

Vehicle model

Owner

Name

Street

Suburb / postcode

Mobile phone

Pick up

Date

Drop off

Date

Booking number

Traveller

Name

Street

Suburb / postcode

City

Country

Mobile phone

Date of birth

Licence Class*

Driver's licence number

Extra driver**

Name

Street

Suburb / postcode

City

Country

Mobile phone

Date of birth

Licence Class*

Driver's licence number

* Please double check the traveller carries a valid drivers licence.

PLEASE NOTE the minimum age of drivers is 21 years of age.

Final clause & signature

All drivers are aware of rights, obligations, road restrictions and regulations in New Zealand. All parties (owner and drivers) confirm the accuracy of the information stated above and recognise this as part of the booking details. The Terms and Conditions have been read and understood by all parties (owner and drivers) and are recognised as part of the rental agreement.

Signature owner

Date

Time

Signature traveller

Date

Time

For insurance purposes this document needs to be signed by traveller and owner.

SHAREaCAMPER recommends both parties to keep a copy of the rental agreement for their records.

Notes

** If there are more than two drivers please add them in the note field.

Handover report – Caravan

Please ensure the handover report is filled in as accurately and detailed as possible, signed and forwarded to SHAREaCAMPER within 3 days of drop off.

Tip: We recommend taking photos or a video of the vehicle and and a photo of this signed form for your records.

Booking Number

Essentials

Provided?

(pls. note amount)

	Pick up		Drop off	
	Yes	No	Yes	No
Vehicle registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— Vehicle keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— Cabin keys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provided?

	Pick up		Drop off	
	Yes	No	Yes	No
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check list

	Condition					Condition			
	Pick up		Drop off			Pick up		Drop off	
	Accept-able	Not Accept-able	Accept-able	Not Accept-able		Accept-able	Not Accept-able	Accept-able	Not Accept-able
1. Furniture /Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Upholstery / Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Blinds / Curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Range hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fly screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Toilet (empty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. 230v Power sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Carpet / Lino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. DVD / CD / Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Fresh water tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Satellite / TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Grey water tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. AC / Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Kitchenette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Gas bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Exterior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Interior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

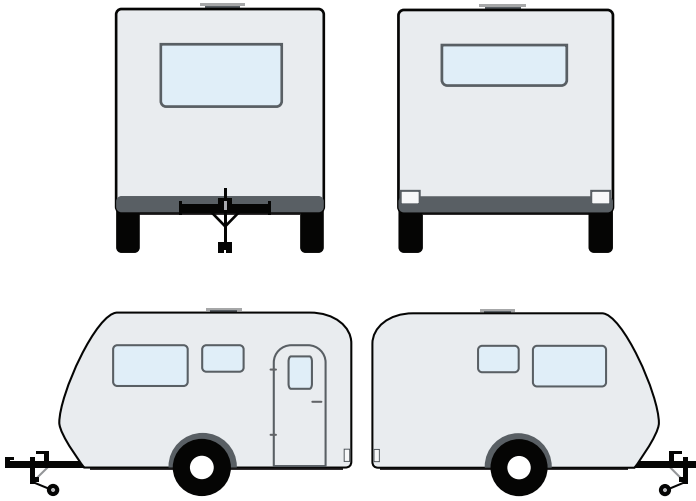
If item listed above is not provided please cross out. Additional notes can be added to the notes field (indicate number of item).

Registration of faults

Pick up

— Scratch ○ Dent ∅ Scuff ✕ Chip

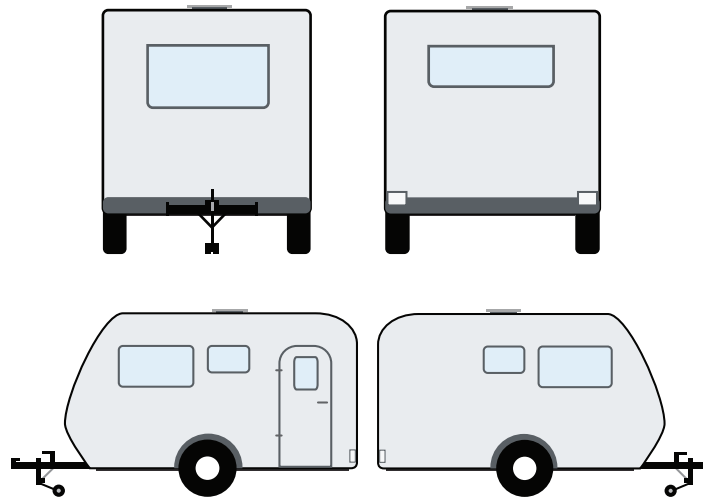
Caravan Width: _____ m Height: _____ m



Drop off

— Scratch ○ Dent ∅ Scuff ✕ Chip

Caravan



Required Certifications

Certification	Expiry Date	Valid full hire length
Vehicle Licence (Rego)		
Certificate of Fitness		
Electrical WOF		
Certified Self Containment		

Tyre tread depth (mm)

Left front

Right front

Left rear

Right rear

Tyre tread depth min guideline:

0 - 10 days: 3mm 31 - 40 days: 6mm
 11 - 20 days: 4mm 41 + days: 7mm
 21 - 30 days: 5mm

Notes – Traveller to initial any notes regarding damage

Notes – Traveller to initial any notes regarding damage

Final clause & signature

All drivers have been fully instructed of the dimensions of the vehicle. All drivers are aware of rights, obligations, road restrictions and regulations in New Zealand. All parties (owner and drivers) confirm the accuracy of the information stated above and recognise this as part of the leasing contract.

Pick up

Signature owner	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature traveller	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

Drop off

Signature owner	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature traveller	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>

For insurance purposes this document needs to be signed by traveller and owner.
SHAREaCAMPER recommends for both parties to keep a copy of the handover report for their records.

Mail to

Print

Reset whole Handover Report