

2X2 Fleet Service

Every two months. Depending on specific fleet application or contract obligations

Servicing should only be conducted by an UBCO certified technician. This form needs to be completed and archived for warranty purposes.

Customer Name:	. Vin No:
Odometer/ Run Time:	Battery Serial No:

1. ESSENTIAL (CHECKS	OK			OK
Axle Nuts - ind	clude 90N	Im 🔿	Brake calliper mount	19Nm	\bigcirc
Loctite 243			fasteners		Ŭ
Side stand fas	steners 22N	Im 🗌 🔿	Rear suspension	8Nm	\bigcirc
			fasteners		
Steering stem	side 15N	Im 🔿	Brake disc fastener	7Nm	\bigcirc
fasteners					
2. STANDARD (CHECKS		OK		
Fault Codes	Check for active fau	lts codes.	Clear fault log if required.		\bigcirc
Battery plug	Check condition including seal and apply Dielectric grease if required.			\bigcirc	
Throttle	Throttle movement smooth and returns with no resistance.			\bigcirc	
Steering	Bearings are smooth and handlebar moves with no cable resistance.			\bigcirc	
Handlebar	Check all control operations & fastener tightness – Horn, Lights, Indicators, Kill switch.			0	
Cable	Check for cable wear at front & rear console exits including battery cable.			\bigcirc	
routing					
Side stand	Check operation & lubricate. Tighten pivot bolt if required. Check kill switch if applicable.			\bigcirc	
Brakes	Check for adequate operation & zero leaks. Check Brake pads & disc for excessive wear.			\bigcirc	
Brake pads	Replace with Sintered Brake pads. Check pad clearance of disc.			\bigcirc	
Hub Motors	Check for excessive noise & free spinning resistance.			\bigcirc	
Spokes	Check Spokes for equal tightness and tension.			\bigcirc	
Tyres	Tyre pressures: 30psi on road & Off road 25psi				
3. TEST RIDE					OK
Display	Check all readings are operational & in correct units.			\bigcirc	
Power	Good acceleration & throttle response, Bike reaches max speed.				
Brakes	Operational and safe. Lever re-gen is functional (\bigcirc	
Steering	The handlebar is properly aligned and operates smoothly.			\bigcirc	
Suspension Stable & responsive. Set up for customers specification.			\bigcirc		
4. COMMENTS					

I confirm that the bike mentioned above has been serviced correctly in accordance to this form and UBCO Service Manual and is in safe working order.

Technician Name:	Dealership/ Service Agent:
Signature:	Date