2X2 Fleet Service 2018 - 2020 model



Every two months (Depending on application & contract obligations)

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

Customer Name: Vin No:							
				ery Serial No:			
1. ESSENTIAL CHEC			OK			Ok	
Axle Nuts - include Loctite 243		90Nm		Brake calliper & mount bolts	12Nm		
Side stand fasteners		22Nm		Rear suspension fasteners	8Nm	C	
Steering stem side	e bolts	15Nm		Brake disc fastener	7Nm		
2. STANDARD CHECKS						OK	
Fault Codes	Check for active faults codes. Clear fault log if required.					C	
Battery plug	Plug fastened correctly and apply Dielectric grease if required.					\Box	
Throttle	Throttle movement smooth and returns with no resistance.						
Steering	Bearings are smooth and handlebar moves with no cable resistance.						
Handlebar	Check all control operations & fastener tightness – Horn, Lights, Indicators, Kill switch.						
Cable routing	Check for cable rubbing at front & rear console exists including Battery cable.						
Side stand	Check operation & lubricate. Tighten pivot bolt if required.					C	
Brakes	Check for adequate operation & zero leaks. Check Brake pads & disc for excessive wear.						
Brake pads	Check for disc rubbing. Check for correct pad compound. Adjust or replace if required or contract stipulated.					С	
Hub Motors	Check for excessive noise & resistance.						
Spokes	Check Spokes for equal tightness and tension.					C	
Tyres Tyre pressures: 30psi on road & Off road 25psi							
3. TEST RIDE						Ok	
Display	Check Speedo, ODO, Trip meter are operational & in correct units.						
Power	Good acceleration & throttle response, reaches max speed,						
Brakes	Operational and safe. Lever re-gen is active.						
Steering	The handlebar is properly aligned and operates smoothly.						
Suspension	Stable & responsive. Set up for customers specification & doesn't bottom out.						
4. COMMENTS							
I declare that the bike mentioned above has been serviced correctly in accordance to this form and is in safe working order.							
Technician Name:			Dealer	Pealership/ Service Agent:			
Signature: Date							