

VISTARA BATTERY POWERED WHEELCHAIR / MOBILITY AID INFORMATION FORM



Booking details.

Booking reference or PNR:

Flight number:

Flight date:

Wheelchair/Mobility aid details

Manufacturer:

Model:

Weight (KG):

Dimensions (cm) Length _____ Width _____ Height _____.

Type of battery: Select the correct type.

- Wet acid **Note: Not Permitted on Vistara**
- Non Spillable (Dry/Gel/ Nickel-Metal Hydride Batteries)
- Lithium Watt Hour Rating

Does it have lifting handles?

Yes No

Has it been modified after purchase.

Yes No

Advise if it has an air safe plug.

Yes No

Please place the picture of wheelchair and batteries. Also, kindly mark the lifting positions.

How do you turn the mobility aid off?

Will you be carrying any additional batteries?

Yes No

Do you have original manufacturer Booklet?

Yes No Note: If yes kindly share along with the form.

Any additional information you may like to provide or if you have any question for us.

***While handing over the wheelchair, the customer must ensure that all removable parts are secured properly** - this includes the armrests, footrests, batteries and any other accessories that may be attached to the wheelchair.