



KPA TALLY No. 244583

No **204202**

MOTOR VEHICLE PORT TALLY REPORT

VESSEL NAME <u>LIBERTY</u>	ARRIVAL DATE <u>29/10/23</u>	MCFKL REF <u>MIT</u>	BERTH <u>14</u>
CHASSIS NO <u>T32-S15139</u>	ENGINE NO.	TYPE / MAKE <u>X5RAIL</u>	

VEHICLE ACCESSORIES CHECK LIST AND CONDITION

	YES	NO		YES	NO
1 POWER WINDOW SWITCHES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13 WINDSHIELD WIPERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 CASSETTE PLAYER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14 AERIALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 CD PLAYER / CHANGER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15 GEAR SHIFT KNOB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 SPEAKERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16 FUEL TANK CAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 RADIO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17 BATTERY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 TOOLS & JACK <u>wheel spanner</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18 FOG SPOT LIGHTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 SPARE TYRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19 EXTERNAL BODY DAMAGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 L/S MIRROR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 N/S FRONT BODY & REAR BODY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 R/S MIRROR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21 NO OF KEYS (<u>1 sensor seen</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 DRIVING MIRROR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22 OTHER PACKAGES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 BULL BARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23 DRIVEN/TOWED FROM BERTH SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 HEAD LIGHTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24 FLOOR MAT <u>4PCS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS

Tow bar seen
Jack handle seen
No towing cover
No boot cover
 - Radio off
 - Dents & scratches

TALLIED BY *[Signature]* DRIVER'S NAME N. KILONZO ID No. 10978901

SIGNATURE *[Signature]* SIGNATURE *[Signature]*

CFS RECEIVING CLERK NAME _____ SIGNATURE _____

CFS REMARKS

CFS RECEIVING CLERK NAME BOLUFALU SIGNATURE *[Signature]*