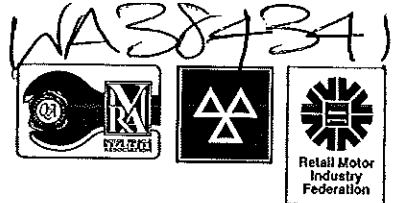


WALSH AUTO ENGINEERING LTD.

ACCIDENT REPAIR CENTRE MOT TEST CENTRE FAST-FIT CENTRE



164-190 Cleveland Street
Birkenhead, Merseyside
CH41 3QQ

Tel: 0151-647 5131

Fax: 0151-666 2631

MOT REPORT

Test Centre No. 43339

PLATE NO 217-28/08

Reg. No. DX0204HD	Make/Model VANXHAL	cc. ASTRA	Year of Manufacture 2002	Class of Vehicle PH III IV VII <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VIN or Chassis No. NBLOTGFB3528066910	Recorded Mileage 167551	Colour WHITE		
ITEMS TESTED	Cars/LGV	Pass	Fail	Result of Inspection: Items marked * advisory only
Lighting Equipment				PLEASE PRODUCE THIS FORM IF A RE-TEST IS REQUIRED
Front & Rear Lamps	1/1			
Headlamps	1/2			
Headlamp Aim	1/6			
Stop Lamps	1/3			
Rear Reflectors	1/4			
Direction Indicators	1/5			
Steering & Suspension				
Steering Control	II/1			
Steering Mechanism/system	II/2			
Power Steering	II/3			
Transmission Shafts	II/2,4,9			
Wheel Bearings	II/4			
Front Suspension	II/5-9			
Rear Suspension	II/9			
Shock Absorbers	II/10			
Wheel Alignment	N/A			
Brakes				
Controls	III/1,3			
Condition of Service Brake System	III/3,4			
Condition of Parking Brake System	III/1,2			
Service Brake Performance	III/5,8			
Parking Brake Performance	III/5,8			
Tyres & Wheels				
Tyre Type	IV/1			
Tyre Load/Speed Rating (Class VII)				
Tyre Condition	IV/1			
Road Wheels	IV/2			
Seat Belts				
Mountings	V/1			
Condition	V/1			
Operation	V/1			
Vehicle Weight				
Brake Efficiency				
	Front Brakes			
	Rear Brakes			
	Hand Brake			
General				
Windscreen Wipers & Washers	VI/1,2			
Horn	VI/4			
Exhaust System	VI/3			
Registration No./VIN No.				
Vehicle Structure	VI/5			
View of Road				
Petrol Exhaust Emissions				
Reading	Pass	Fail		
CO				
HC				
Diesel Exhaust Emissions				
Reading	Pass	Fail		

I certify that I have read and understood the above defects and advised items, which are or may become defective before the next MOT or service is due.

Customer's name **STEVEN CLEARY**

Customer's address **21 OAKSIDE DR WALLASEY CH45 15H2**

Customer's signature **[Signature]**

Date of test **11/08/08**

Tester's signature **[Signature]**

Tel. no. **0151 639 9631**