

U-LFT-C-04027/24  
Date of Issue: 07-Aug-2024

CERTIFICATE OF THOROUGH  
EXAMINATION / LOAD TEST

Ref. No. U-WO-AUG 2024-121  
Rev.No.: 00



This report complies with the Lifting Equipment Engineers Association Technical requirements.

Name & Address of the Owner : Tiong Woon Corporation Holding Ltd. (TWC)  
Location at which the Examination was made : SINDALAH ISLAND.

Serial No. : JJ00225 Model : K7150 / 1993  
ID / Fleet No.: : 4401 RAA Manufacturer : KOBELCO  
Date of Inspection : 07-Aug-2024 Report No. : 17644  
Date of Next Inspection : 06-Aug-2025 Sticker No. : 19122

S.No.	Description of the Equipment	Qty.	Capacity / SWL	Applied Load(s):
1	MOBILE CRANE (CRAWLER CRANE)	1	150.0 t	-
2	Main Hook Block Reeved on 06 Part Line; Main Hook Block Capacity - 60.0 t			
3	Auxiliary Hook with Single Part Line; Auxiliary Hook Capacity - 12.0 t			
4	Wire Rope Dia - 28.0 mm; Counter Weight - 54.0 t; Boom Length - 36.6 m			

Applicable Reference Standard(s) / Code(s) for which the item was examined : ASME B30.5: 2021, SASO ISO 9927-1: 2013 /-

Equipment's used for Measuring / Testing :

Is this the first Examination after installation or assembly at a new site or location.? Yes ☐ No ☒  
Was the Examination Carried out after the occurrence of exceptional circumstances? Yes ☐ No ☒  
Was the Examination Carried out within an Interval of 6 months / 12 Months? 6 months ☐ 12 months ☒  
Identification of any part found to have a defect which is or could become a danger to persons and a description of the defect:(If none, state NONE): NONE  
Particulars of any repair, renewal or alteration required to remedy the defect identified above NONE  
Particulars of any tests carried out as part of examination: (if none, state NONE) NONE  
Is this equipment safe to use Yes ☒ No ☐

We hereby certify that the equipment mentioned above was undergone Visual and Thorough Examination by the competent inspector according to standard operating procedure of Unified Inspection Company Ltd. based on relevant International / National Standards such as ASME/BS EN/ ANSI/API.

**Remarks:** The Inspection results reported in this certificate are valid at the time of Inspection. The report should not be produced either in full or in part without our permission in writing. Next due date, Id No., and end user address (If any) mentioned based on customer's request / reference evident only.

Name of Inspector:  
Mohamed Marzouk

Reviewed & Approved By  
Mohamed Rizhwan

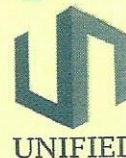
Doc. No. : U-LFT-IC 009, Issue No.: 02, Rev. No. : 00, Rev. Date : 15-JAN-2024.

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# UNIFIED INSPECTION COMPANY LIMITED

PO.Box No.: 2654, Jabal Street, Al Jubail - 31951, Kingdom of Saudi Arabia.  
Tel. No. : +966 13 3634909, Ph.: +966 558920973, Email Address: info@unifiedarabia.com  
Website: www.unifiedarabia.com, C.R. No.: 2055129713



## REPORT OF THOROUGH EXAMINATION

REPORT NO: 17644

Date & Time of Thorough Examination:		Date of Report: 07 AUG 2024	
Name and Address of the Owner: TWC APART CO. LTD		Location: SINDALAH ISLAND	
Description and Identification of the Equipment: CRAWLER CRANE / M93 MAIN HOIST BLOCK BEVELED ON CG PART LINE SWL 60 MT RUFF DIA. 28MM AW HOIST BLOCK WITH SINGLE PART LINE SWL 60MT		Sr. No. JTU225	Model KT150
		Safe Working Load (SWL): 150.0T	
		Id. No. / Fleet No. 11461PAA	
		Manufacturer KOBELCO	
Is this the first Examination after installation or assembly at a new site or location? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Was the Examination Carried out? Within an interval of six months? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Within an interval of twelve months? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> After the occurrence of exceptional circumstances? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the answer to the above question is YES, has the equipment been installed correctly as per manufacturer recommendations & specifications? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Identification of any part found to have a defect's which is or could become a danger to persons and a description of the defect: (If none, state NONE) None			
Particulars of any repair, renewal or alteration required to remedy the defect identified above: -			
Particulars of any tests carried out as part of examination: (if none, state NONE) None			
Rated Load Test <input type="checkbox"/> Proof Load Test <input type="checkbox"/> Percentage of Load Test Conducted (%): -			
Pre-Examination carried out (If any): -			
Post Examination carried out (If any): -			
Observations / Additional comments relative to this thorough Examination Visual & functional inspection performed The equipment found satisfactory at the time of inspection Reference standard ASME B30.5			
IS THIS EQUIPMENT IS SAFE TO OPERATE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name of competent person making / preparing this report:	Name of person signing or authenticating this report:	Next date of Thorough Examination: 06 AUG 2025	
Signature: [Signature]	Signature: [Signature]	New Sticker No: 19122	
Contact No: 0563256178	Contact No:	Previous Sticker No: 74393 (STANDARD)	
At the time of next inspection, a complete copy of this report shall be provided to the inspector for review.		Distribution: Original - Client; 1 <sup>st</sup> copy - Unified; 2 <sup>nd</sup> copy - Inspector.	