

Private Vehicle Inspection Report

Inspection Class:

Decal Number: Decal Expiry Date: Inspection Number:

FV14144 2023-Oct-31 20293722

Inspection Result: **PASS**

Facility: Inspector: ABBOTSFORD TUNE-UP CENTER /

MOHAMMAD YUSOF, MOHAMMAD ARIS /

203635 16067

Inspection Reason:

Inspection Type: Complete

Class 1 - Light Vehicle with LGVW 5500

kg or less Salvage Vehicle

Inspection Start Date/Time: 2022-Oct-20 05:15 PM

Collision Repair Facility:

Inspection Complete Date/Time: 2022-Oct-24 12:30 PM

AMC AUTO

Collision Repair Facility Phone: (778) 317-1840 Collision Repair Technician: ARIS YUSOF

Vehicle Jurisdiction:

Work Order Number:

British Columbia

Brake Type:

Hydraulic

Owner/Lessee Name:

INLINE MOTORS, INLINE

MOTORS

Registration Number: VIN:

13132205 3GNCJRSB5LL117228 Fuel Type:

Gasoline 46159 KM

Address: City:

333 TWELFTH STREET

Plate Number:

Odometer: **Hub Odometer:**

Province/State:

New Westminste British Columbia

Licenced GVW (kg): Vehicle Year:

2020

Body Style: Model:

4 Door Stationwagon

Postal Code/ZIP:

V3MH5 Canada

Make:

CHEVROLET

	Result	Comment	
Vehicle Identification (VIN)	Passed		
Section 1 - Power Train	Passed		
Section 2 - Suspension	Passed		
Section 3 - Brake System	Passed		
Section 3H - Hydraulic Brakes	Passed		
Section 4 - Steering	Passed		
Section 5 - Instruments and Auxiliary Equipment	Passed		
Section 6 - Lamps	Passed		
Section 7 - Electrical System	Passed		
Section 8 - Frame and Body	Passed		
Section 9A - Tires	Passed		
Section 9B - Wheels	Passed		
Section 10 - Coupling Devices	Not Applicable		—

Tire Tread Depth (mm)

Section 11 - Other Vehicle Components

Axles (front)	Outer Left	Inner left	Inner Right	Outer Right	Steering Axle?
1	6			6	. V
2	6			6	
Comment:					· · · · · · · · · · · · · · · · · · ·

Axles (front)	Lining/Pad	Left	Right
1	Pad	8	8
2	Pad	8	

Rotor Thickness or Drum Inside	e Diameter Measurement (mm)

Axles (front)	Rotor/Drum	Left	Right
1	Rotor	27.46	27.51
2	Rotor	13.41	13.83

ARIS

Inspection Comments:

Has this Vehicle been road tested?

Passed

After Inspection

Inspector Name:

MOHAMMAD YUSOF, MOHAMMAD ARIS

This Inspection Report was submitted to CVSE on 2022-Oct-24 10:28 PM

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION.

The personal information collected on this form is collected under the authority of section 216 of the Motor Vehicle Act and Division 25 of the Motor Vehicle Act Regulations. It is collected for the purpose of processing this vehicle inspection and for generally administering the Vehicle Inspection Program and the National Safety Code (e.g. regulating carriers, authorized inspectors, and designated inspection facilities). If you have any questions about the collection of this information, you may contact the Sr. Manager, NSCMP at the Commercial Vehicle Safety Enforcement

CVSE0013

10/24/2022 10:29:00 PM





Ministry of Transportation and Infrastructure

Body Integrity Inspection Report

Designated Inspection Facility Inform	ation	10 DE COIT	pietea	oy ine	Designated	Inspection Fa	cility's Auth	orized	Vehic	le Inspector
Designated Inspection Facility Num	ber [S 5 8 3 8	Δι	uthoris	ed Inspector	Numbar				
	L	-1-1-1-1-1	7.0	uti 10112	eu aspector	Number 2	0 3	6 3	5	
DIF Facility Name ABBOTSFORD TUNE UP CENTRE				Inspector Name ARIS YUSOF						
20109093		respection Completion Date		specto	r Signature)	
Day Month Year VEHICLE OWNER	Day	Month Year		•	J		<u> </u>	- Landen	·-·-	
			NAI	ME C	F REBUI	LDER (if othe	than owner)		
Name In Cine	Mo	show GO	Nam	ne	AMC AUT	0				
Address 333 fw	ELF.	457	– Add	ress	#3-11435	132A STREET		<u> </u>	<u> </u>	
City New We	1 Proy	BC. PC V3MU	- G stý		SURREY		Prov	BC	PC v	V3R7S2
Tel# 60454	9 22	22	- Tel		77831718	340			•	
Vehicle Information										
TYPE OF VEHICLE: P	'assenger	Car MPV						<u> </u>	, d.,	
	•		<u> </u>	ruck		otorhome	Taxi] Bus	
Licence Plate N/A Oc	dometer <u></u>	16159 Year	20	30	Make	Cheur	SIPA	Model	1	
									// 6	<u> </u>
Registration Number 131893	05_	VIN/Serial # [-	18 /2/	NI	217/2	SR51			Τ	
I am satisfied that this rebuilt moto	r vehicle is	the same as the one desc	ribed ir	n the re	ecord of rebu	uilding.	⊠ Ye	5	П	No
Requirements of Rebuildi	úà	Components	R	C	VIM Reference Section	Compoi		R	C	VIM Reference
Photographs prior to rebuilding clearly showing vehicle damage	✓ Yes	STRUT				REAR STRUT	TOWER			5ection 8 - 4 (b)
		- Left			8-4	- Left				
Structural Integrity Declaration Report	✓ Yes	- Right	<u> </u>			- Right				
	<u> </u>	HINGE (A) PILLAR		ļ		BUMPERS (Fr			1	8-5
4 Wheel Alignment Printout	✓ Yes	- Left			8-19	CROSSMEME	ER			8 - 3 (c)
	 	- Right		<u> </u>		HOOD			1	8-1
Welded and structural		CENTRE (B) PILLAR]	RAD SUPPORT			1	
Components that require	_	- Left			8-19	BODY	O (cowl)		1	8-2
protection have been protected as required by OEM or I-CAR	✓ Yes	- Right				FRAME				8-3
standard.		LOCK (C) PILLAR				BULKHEAD (• • • • • • • • • • • • • • • • • • • •	
		- Left			8-19	DOORS				8-6
Vehicle meets symmetric and		- Right			1	QUARTER PA	NELS			8 - 2 (c)
asymmetric specifications as	NZ Va-	ROCKER PANEL		 		- Left				8-2 (C)
indicated on the Structural	Yes	- Left		 	8-19				-	
ntegrity Declaration Report.		- Right		0-19		- Right FLOOR PAN				0.4/3
front he	The same in		<u> </u>	<u> </u>			"D" marks			8 - 4 (a)
Hender Delimply Fisher				-7	1 120	od_	"R" marke			
	<u> </u>	are floor	- ("C" marke	d when	item	corrected
				· · · · · · · · · · · · · · · · · · ·						
l certify that this rebuilt vehicle meets all Str	uctural Integr	ity requirements as defined := +1	a Mata	(Vahist)	Ant Daniel	Jak Denis		<u> </u>		
Authorized Inspector Name (print) ARIS	YUSOF	- y	ie MOIO!		Act Regulation ignature	ns and the BC VeM	cie Inspection مسمد	Manual.		
CVSE0031 (May 27, 2013)				5	ionature	Jan	-			

Print Form



Ministry of Transportation and Infrastructure

Designated Inspection Facility (DIF must Issue this form for completion by an autobody technician) Structural Integrity Declaration Report

Commercial Vehicle Safety and Enforcement Branch

PASS All requirements met	□ FAII	Requirement	s NOT met		
Designated Inspection Facility Information		- Hoquilonent			
Designated Inspection Facility Number: S 5 8 3 8	Facility Na	me: ABBOTSFORI	O TUNE UP CENTR	E	<u> </u>
Authorized Inspector Number: 2 0 3 6 3 5	Inspector	Name: ARIS YUSO	F		
Inspector Signature:	Date: _ 9	1/10/01) October		
Vehicle Information	<u>~</u> /	10/20	237 Decarive	= FV14	144
Owner /		:	;		
Frai FAMINE	Registrati	on# 13/22	205	Plate #	N/A
Address 333 19th 87	VIN#3			22117	228
City New West ProvBC PC/SMYH	Make C		Toak	Year 2	
Structural integrity Declaration Report			1000	<u> </u>	
Repair Standard and Vehicles Dimensions		Wheel alignment	(all 4 wheels- atta	ich printout) Align	mont
I confirm that the repair / rebuild process for this vehicle has met of exceeded the rebuilding standards specified by the Inter-Industry Co. Auto Collision Pensis (I.CAR).	or_	performed (facili	ty name and addr	ess if other than al	ove):
On Auto Collision Repair (I-CAR) and / or the Original Equipment	nference	NAME:	UC H	<u> 470 </u>	
Manufacturer (OEM), that the unitized vehicle body repair, including a		ADDRESS:		•	
cradle, conforms to the OEM dimension standards and that a full-fran	engine				
vehicle complies with the OEM, I-CAR repair standard.	nea	From inside vehicle	imbers and measu ** Front Left	rements on diagra	m below:
Occupant Protection and Vehicle Components		-04	Camber	Front Right Camber	D. U
2. I confirm that the assembly of body components have been perfect	rmed in a	47	Caster	Caster	0.0
manner that provides occupant protection that is equal to or exceedi or I-CAR standards.	ing OEM	0.15	Toe	Toe	<u> 7. 9</u>
	:	0.73	SAI		0.10
3. I confirm that the repairable structural components of the vehicle	body			SAI	:
have been assembled and repaired in accordance with methods, pro-	cedures		included Angle	Included Angle	 i
and standards that will return the components to its original standard and properties in accordance with the OEM, I-CAR standards.	d, quality		Turning Angle	Turning Angle	
4. I confirm that the assembly joints of the vehicle body are located in			D1-64	<u> </u>	
and repaired in accordance with the OEM, I-CAR procedures and stan	n piaces	-,0	Rear Left Camber	Rear Right	r nj
Wheel Alignment	iuaius,	-1.2	Cambel	Camber	-0.4
5. I confirm that a four-wheel alignment has been performed and the		1	Caster	Caster	
isteering angles and wheel tolerances are within the OFM, requirement	nts for	0-00	Toe	Toe	n 3.
id its vertices. A four-wheel alignment computer printout has been inc	luded as		SAI	SAI	the transfer to
part of this declaration.			071	3/1	
I certify that this vehicle has been repaired in accordance with OEM/I-CA	R		·		
standards as noted in items 1 - 5 above.	•				
Technician Name ARIS YUSOF		ALIGN	IMENT	☑ PASS	FAIL
Autobody Tech Trade Qualification # 0014-AB-19		Date Rebuilt Cor	mpleted <u> </u>	10/20	22
Autobody Tech Trade Jurisdiction BC		Rebuilder Name		ГО	
Technician Signature		Rebuilder Addre	ss #3 - 11435 132/	STREET	·
* The ORIGINAL copy of this form must be forwarded to the designated inspection facility * This form must be the authentic original version signed by the autobody technician. Any * A photocopy must accompany the customer's copy of the Vehicle Inspection Report (CVS)	minotoconiae	ove, and MUST be re d, modified, altered, o	tained by the facility. r changed form is una	acceptable and must l	be rejected.

CVSE0032

* A photocopy must accompany the customer's copy of the Vehicle Inspection Report (CVSE0013).

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