

Private Vehicle Inspection Report

Decal Number: Decal Expiry Date: Inspection Number:

FW42784 2024-Jan-31 20365049

Inspection Result: **PASS**

Facility: ABBOTSFORD TUNE-UP CENTER / Inspection Type: Complete Inspection Start Date/Time: 2022-Dec-05 03:45 PM Inspection Class: Class 1 - Light Vehicle with LGVW 5500 Inspector: MOHAMMAD YUSOF, MOHAMMAD ARIS / Inspection Complete Date/Time: 2023-Jan-03 06:30 PM kg or less 203635 Collision Repair Facility: AMC AUTO Inspection Reason: Salvage Vehicle Work Order Number: 16172 Collision Repair Facility Phone: (778) 317-1840 Collision Repair Technician: ARIS YUSOF Vehicle Jurisdiction: British Columbia Brake Type: Hydraulic Owner/Lessee Name: AINI ENTERPRISE LTD., AINI ENTERPRISE LTD. Registration Number: 12902718 Fuel Type: Gasoline Address: 333 TWELFTH STREET VIN: 3VWE57BU8KM130394 Odometer: 31901 KM City: New Westminster Plate Number: Hub Odometer: Province/State: British Columbia Licenced GVW (kg): Body Style: 4 Door Sedan Postal Code/ZIP: V3M4H5 Vehicle Year: 2019 Model: JETTA Country: Canada VOLKSWAGEN 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 Section 11 - Other Vehicle Components Passed Tire Tread Depth (mm) Axles (front) Outer Left Inner left Inner Right Outer Right Steering Axle? 6 Comment: Brake Lining/Pad Measurement (mm) Rotor Thickness or Drum Inside Diameter Measurement (mm) Axles (front) Lining/Pad Left Right Axles (front) Rotor/Drum Left Right Pad 10 10 Rotor 25.92 25.67 2 Pad 8 8 Rotor 11,23 11.11 Comment: Comment: Inspection Comments Has this Vehicle been road tested?

This Inspection Report was submitted to CVSE on 2023-Jan-03 11:05 PM

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

After Inspection

When?

NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION.

MOHAMMAD YUSOF, MOHAMMAD ARIS

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

Signature:

Name of the person who did the road test:

ARIS

CVSE0013

1/3/2023 11:05:13 PM

Inspector Name:





Ministry of Transportation and Infrastructure

Body Integrity Inspection Report

Designated Inspection Facility Infor	mation	10 de con	ipieted	by th	e Designate	ed Inspection P	acility's Aut	horized Veh	icle Inspecto		
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Designated Inspection Facility Number S 5 8 3 8				Authorized Inspector Number 203635							
DIF Facility Name ABBOTSFORD TUNE UP CENTRE				inspector Name							
Inspection Start Date	8 - '	nspection Completion Date			T.	1075 Y 1	resor	′)		
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VEHICLE OWNER		Test	NAI	ME C	JE BEBII						
Name And Endon				NAME OF REBUILDER (if other than owner)							
Address 25					Name Helfo						
Address 333 19th St				Address #1 11125 10346							
City New Wes.	Pro\	ROPC / 2011	- Nota:	*		July 1		2000			
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Tel# 604 767 1933			Tel#	Tel# 1/20/1/2010							
Vehicle Information	: "		- Indiana	1.0		<u> </u>	1070				
TYPE OF VEHICLE:	Passenger	Car MDV					·				
	seriger	Car MPV	∐ iri	uck	□ M	otorhome	☐ Taxi	☐ Bus	5		
Licence Plate N/A O	dometer	2/298 Year	a Fran	r	Make	Malner	m sku	Model			
Registration Number 600 a		=	20%		_ ~	1201 3160		Je	94400		
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am satisfied that this rebuilt moto	r vehicle is	the same as the one descr	ibed in	the re	cord of reh	uildina	⊠ Ye		No.		
Requirements of Rebuild	ing	Components	R.	C	VIM Reference Section			RC	NO VIM Reference		
Photographs prior to rebuilding		STRUT			Section	REAR STRUT			Section 8 - 4 (b)		
clearly showing vehicle damage		- Left		······	8-4	- Left			0-4(0)		
tructural Integrity Declaration eport	⊠ Yes	- Right				- Right			1		
		HINGE (A) PILLAR				BUMPERS (F)	ont/Rear)		8-5		
Wheel Alignment Printout	⊠ Yes	- Left		8 - 19		CROSSMEME	BER		8 - 3 (c)		
		- Right				HOOD			8-1		
Welded and structural	⊠ Yes	CENTRE (B) PILLAR - Left			8 - 19	RAD SUPPOR	RT				
components that require						BODY		1	8-2		
protection have been protected as required by OEM or I-CAR standard.		- Right				FRAME			8-3		
		LOCK (C) PILLAR				BULKHEAD (cowl)				
		- Left	-		8-19	DOORS		-+-	8-6		
Vehicle meets symmetric and		- Right				QUARTER PA	MELC				
nsymmetric specifications as indicated on the Structural integrity Declaration Report.	⊠ Yes	ROCKER PANEL				- Left	INELS		8 - 2 (c)		
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certify that this rebuilt vehicle meets all C++-	ictural later	ne roadile						$\overline{}$			
certify that this rebuilt vehicle meets all Stru outhorized Inspector Name (print) ARIS	vuco-	y requirements as defined in the	: Motor V	ehicle i	Act Regulation	s and the BC Vehi	cle Inspection I	Nanual.			
VSE0031 (May 27, 2013)	TUZUF			Si	gnature		101	<i>p</i> -			

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Designated Inspection Facility (DIF must issue this form for completion by an au obody technician) Structural Integrity Declaration Report

Commercial Vehicle Safety and Enforcement Branch

PASS All requirements met			C 11		
Designated Inspection Facility Information	L Requiremen	its NOT met			
Designated Inspection Facility Number: S 5 8 3 8 Facility I	Name: ABBOTSFO	RD TUNE JP CENT	RE	<u> </u>	
Authorized Inspector Number: 203635 Inspecto		7	/)		
Inspector Signature:		23 XCCS6	2		
Vehicle Information	3/6//9	Degall	No: FWG	19784	
Owner (An) Enforce Parising					
Address 220 109H 07	tion#	108-718	Plate #	N/A	
VIN#	SUWES	7248k	14/363	all	
City New West Prov BC PV MUSTONICKE V		Model Model	Year	0.10	
Structural Integrity Declaration Report Repair Standard and Vehicles Dimensions			<u> </u>	017	
1. Confirm that the repair / rebuild process for this life is	Wheel alignmen	t (all 4 wheels- att	ach printout) Alig	nment	
The state of the s	performed (facil	ity name and addi	ress if other than a	bos/e):	
	NAME:	THE MAN	C HEVI	6	
The two conclusions and the inchined and the first the f	ADDRESS:				
vehicle complies with the OEM, I-CAR repair standards.	Please indicate n	umbers and meast	ırements on diagra	m below:	
Occupant Protection - Living CAR repair standard.	From inside vehicl	e: Fron: Left	Front Right		
Occupant Protection and Vehicle Components	-1.0	Camber	Camber		
I confirm that the assembly of body components have been performed in a manner that provides occupant protoction that protoction the protoction that p	-7 '3	Caster	 	-0.4	
	7 . 3	Caster	Caster	7.5	
	0.00	Toe	Toe	0.00	
3. I confirm that the repairable structural components of the vehicle body have been assembled and repaired in		SAI	CAI	0.6	
		 	SAI		
		Included Angle	included Angle		
		Turning Angle	Turning Angle		
to continue that the assembly joints of the webi-le but		L	turning / trigite		
and repaired in accordance with the OEM, I-CAR procedures and standards.		Rear Left	Rear Right		
·····co Anglittent	7.0	Camber	Camber	-1.1	
5. I confirm that a four-wheel alignment has been performed and that		Caster	Caster	, , , , , , , , , , , , , , , , , , ,	
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part of this declaration.		SAI	SAI	0.7.5	
I certify that this vehicle has been repaired in accordance with OEM/I-CAR					
standards as noted in items 1 - 5 above.					
Technician Name ARIS YUSOF	ALIGN	MENT	☑ PASS	FAIL	
Autobody Tech Trade Qualification # 0014-AB-19	Date Rebuilt Com	ipleted	1 2620		
Autobody Tech Trade Jurisdiction BC	Rebuilder Name				
Technician Signature	(If different from technician) Rebuilder Address 17 ///2 /2 /3 /7				
	~	457145	5 15211	57	
* The ORIGINAL copy of this form must be forwarded to the designated inspection facility indicated abo	ve and Miler's				

* The ORIGINAL copy of this form must be forwarded to the designated inspection facility indicated above, and MUST be retained by the facility.

* This form must be the authentic original version signed by the autobody technician. Any photocopied, modified, altered, or changed form is unacceptable and must be rejected. * A photocopy must accompany the customer's copy of the Vehicle Inspection Report (CVSE0013).