



# Private Vehicle Inspection Report

Decal Number: FW67606  
Decal Expiry Date: 2024-Jan-31  
Inspection Number: 20372434

Inspection Result:  
**PASS**

Facility:	ABBOTSFORD TUNE-UP CENTER / S5838	Inspection Type:	Completa	Inspection Start Date/Time:	2023-Jan-07 11:00 AM
Inspector:	MOHAMMAD YUSOF, MOHAMMAD ARIS / 203635	Inspection Class:	Class 1 - Light Vehicle with LGWW 5500 kg or less	Inspection Complete Date/Time:	2023-Jan-10 05:00 PM
Work Order Number:	16185	Inspection Reason:	Salvage Vehicle	Collision Repair Facility:	AMC AUTO
				Collision Repair Facility Phone:	(778) 317-1840
				Collision Repair Technician:	ARIS YUSOF

Vehicle Jurisdiction:	British Columbia	Brake Type:	Hydraulic	Owner/Lessee Name:	ANI ENTERPRISE LTD., ANI ENTERPRISE LTD.
Registration Number:	12109099	Fuel Type:	Gasoline	Address:	333 TWELFTH STREET
VIN:	2HGFC2F86HH003987	Odometer:	33014 KM	City:	New Westminster
Plate Number:		Hub Odometer:		Province/State:	British Columbia
Licensed GVW (kg):	0	Body Style:	4 Door Sedan	Postal Code/ZIP:	V3M4H5
Vehicle Year:	2017	Model:	CIVIC	Country:	Canada
Make:	HONDA				

Vehicle Identification (VIN)	Result	Comment
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	Repaired (same day)	REPLACED RIGHT FRONT MARKER BULB
Section 7 - Electrical System	Passed	
Section 8 - Frame and Body	Repaired (same day)	REPLACED WIPER BLADES
Section 9A - Tires	Passed	
Section 9B - Wheels	Passed	
Section 10 - Coupling Devices	Not Applicable	
Section 11 - Other Vehicle Components	Passed	

Axles (front)	Outer Left	Inner left	Inner Right	Outer Right	Steering Axle?
1	7.5			7.5	
2	8			8	✓
Comment:					

Axles (front)	Lining/Pad	Left	Right
1	Pad	6	6
2	Pad	7	7
Comment:			

Axles (front)	Rotor/Drum	Left	Right
1	Rotor	24.22	24.67
2	Rotor	9.33	9.15
Comment:			

Inspection Comments:

Has this Vehicle been road tested? Yes When? After Inspection

Inspector Name: MOHAMMAD YUSOF, MOHAMMAD ARIS

Name of the person who did the road test: ARIS

Signature:

This Inspection Report was submitted to CVSE on 2023-Jan-10 11:09 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, NSC/MP at the Commercial Vehicle Safety Enforcement

**Body Integrity Inspection Report**

To be completed by the Designated Inspection Facility's Authorized Vehicle Inspector

**Designated Inspection Facility Information**

Designated Inspection Facility Number **S 5 8 3 8**

Authorized Inspector Number **903635**

DIF Facility Name **ABBOTSFORD TUNE UP**

Inspector Name **Aris Yusof**

Inspection Start Date: **07 01 2018**  
 Inspection Completion Date: **10 01 2018**

Inspector Signature *[Signature]*

**VEHICLE OWNER** | **NAME OF REBUILDER (if other than owner)**

Name **Aris Enterprise**  
 Address **333 19th St**  
 City **New West BC V3N 4W5**  
 Tel # **604 767 1933**

Name **ARC Aut**  
 Address **33 #3-1435 132A St**  
 City **Surrey BC V3R 4R2**  
 Tel # **778 778 40**

**Vehicle Information**

TYPE OF VEHICLE:  Passenger Car  MPV  Truck  Motorhome  Taxi  Bus

Licence Plate **N/A** Odometer **33014** Year **2017** Make **Honda** Model **CRV**

Registration Number **12109094** VIN/Serial # **2HGFA2F86HA008987**

I am satisfied that this rebuilt motor vehicle is the same as the one described in the record of rebuilding.  Yes  No

Requirements of Rebuilding		Components		R	C	VIM Reference Section	Components		R	C	VIM Reference Section
Photographs prior to rebuilding clearly showing vehicle damage	<input checked="" type="checkbox"/> Yes	STRUT	- Left			8 - 4	REAR STRUT TOWER				8 - 4 (b)
							- Right				
Structural Integrity Declaration Report	<input checked="" type="checkbox"/> Yes	HINGE (A) PILLAR	- Left			8 - 19	BUMPERS (Front/Rear)				8 - 5
			- Right				CROSSMEMBER				8 - 3 (c)
4 Wheel Alignment Printout	<input checked="" type="checkbox"/> Yes	CENTRE (B) PILLAR	- Left			8 - 19	HOOD				8 - 1
			- Right				RAD SUPPORT				8 - 2
Welded and structural components that require protection have been protected as required by OEM or I-CAR standard.	<input checked="" type="checkbox"/> Yes	LOCK (C) PILLAR	- Left			8 - 19	FRAME				8 - 3
			- Right				BULKHEAD (cowl)				8 - 6
Vehicle meets symmetric and asymmetric specifications as indicated on the Structural Integrity Declaration Report.	<input checked="" type="checkbox"/> Yes	ROCKER PANEL	- Left			8 - 19	DOORS				8 - 2 (c)
			- Right				QUARTER PANELS				8 - 4 (a)
							FLOOR PAN				

I certify that this rebuilt vehicle meets all Structural Integrity requirements as defined in the Motor Vehicle Act Regulations and the BC Vehicle Inspection Manual.

Authorized Inspector Name (print) **ARIS YUSOF** Signature *[Signature]*



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

Print Form

**PASS** All requirements met

**FAIL** Requirements NOT met

Designated Inspection Facility Information

Designated Inspection Facility Number: **5 5 8 3 8**

Facility Name: **ABBOTSFORD TUNE UP CENTRE**

Authorized Inspector Number: **9081685**

Inspector Name: **Arif Yusof**

Inspector Signature: *[Signature]*

Date: \_\_\_\_\_ Decal No.: \_\_\_\_\_

Vehicle Information

Owner: **Am Enterprise**

Registration # **12109099** Plate # **N/A**

Address: **333 12th St**

VIN # **2HGCF1W867H003987**

City: **New West** Prov: **BC**

Make: **Honda** Model: **Civic** Year: **2006**

Structural Integrity Declaration Report

**Repair Standard and Vehicles Dimensions**

1. I confirm that the repair / rebuild process for this vehicle has met or exceeded the rebuilding standards specified by the Inter-Industry Conference On Auto Collision Repair (I-CAR) and / or the Original Equipment Manufacturer (OEM), that the unitized vehicle body repair, including engine cradle, conforms to the OEM dimension standards and that a full-framed vehicle complies with the OEM, I-CAR repair standard.

Wheel alignment (all 4 wheels- attach printout) Alignment performed (facility name and address if other than above):  
NAME: **Pyrene Aut**

ADDRESS: \_\_\_\_\_  
Please indicate numbers and measurements on diagram below:  
From inside vehicle: **Front Left** **Front Right**

**Occupant Protection and Vehicle Components**

2. I confirm that the assembly of body components have been performed in a manner that provides occupant protection that is equal to or exceeding OEM or I-CAR standards.

3. I confirm that the repairable structural components of the vehicle body have been assembled and repaired in accordance with methods, procedures and standards that will return the components to its original standard, quality and properties in accordance with the OEM, I-CAR standards.

4. I confirm that the assembly joints of the vehicle body are located in places and repaired in accordance with the OEM, I-CAR procedures and standards.

	Front Left	Front Right
Camber	-0.7	0.3
Caster	5.5	5.6
Toe	0.00	0.00
SAI		
Included Angle		
Turning Angle		

**Wheel Alignment**

5. I confirm that a four-wheel alignment has been performed and that steering angles and wheel tolerances are within the OEM, requirements for this vehicle. A four-wheel alignment computer printout has been included as part of this declaration.

	Rear Left	Rear Right
Camber	-1.7	-1.4
Caster		
Toe	2.00	2.15
SAI		

I certify that this vehicle has been repaired in accordance with OEM/I-CAR standards as noted in items 1 - 5 above.

ALIGNMENT  PASS  FAIL

Technician Name (please print) **ARIS YUSOF**

Date Rebuilt Completed: **10/01/2009**

Autobody Tech Trade Qualification # **0014-AB-19**

Rebuilder Name (if different from technician): **Pyrene Aut**

Autobody Tech Trade Jurisdiction **BC**

Rebuilder Address: **31435 139th St**

Technician Signature: *[Signature]*

\* 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).