



Ministry of Transportation  
and Infrastructure  
**Commercial Vehicle  
Inspection Report**

**FINAL INSPECTION  
CONFIRMATION NUMBER**  
15510012

**DECAL  
NUMBER**  
FQ15632

**DECAL EXPIRY DATE**  
31 JUL 2022

INSPECTION RESULT: **Pass**  
INSPECTION TYPE: **Complete**  
REASON FOR INSPECTION: **Annual**  
COLLISION REPAIR FACILITY:

WORK ORDER #      INSPECTION START DATE      INSPECTION COMPLETE DATE  
   10 JUL 2021 08:35      10 JUL 2021 10:00

REASON NOTE:  
TECHNICIAN NAME:      PHONE #:

INSPECTOR'S NUMBER: **201923**  
INSPECTOR'S NAME: **SIDHU, PAWANPREET**  
LICENCE EXPIRY DATE: **30-APR-2022**  
FACILITY NUMBER: **S11850**  
FACILITY NAME: **METRO TRUCK AND  
TRAILER REPAIR**  
INSPECTION CLASS: **3 - Trailer and semi-trailer**

OWNER/  
LESSEE: **HAP TRUCKING LTD.**  
ADDRESS: **7954 WEBSTER RD**  
CITY: **Delta**      PROV: **BC**      POSTAL CODE: **V4G1G6**  
REGISTRATION #: **12725009**      VEH. JURISDICTION: **BC**      PLATE: **83802U**  
YEAR: **2019**      MAKE: **VANGUARD**      MODEL:  
BODY STYLE: **VAN**      VIN: **5V8VA53B5KM900012**  
ODOMETER: **KM**      FUEL TYPE:  
UNIT/FLEET #: **53327**      BRAKE TYPE: **Air**

"F" Failed "R" Repaired Same Day "P" Passed "PC" Passed With Caution "O" Out Of Service "NA" Not Applicable

	F	R	P	PC	O	NA		F	R	P	PC	O	NA
<b>Section 1 - Power Train</b>						<input checked="" type="checkbox"/>	Pressure Fuel						
							Liquid Propane Gas						<input checked="" type="checkbox"/>
							Compressed Natural Gas						<input checked="" type="checkbox"/>
<b>Section 2 - Suspension</b>			<input checked="" type="checkbox"/>				<b>Pressure Fuel Inspector's Name &amp; Number</b>						
<b>Section 3 - Hydraulic Brakes</b>						<input checked="" type="checkbox"/>	<b>Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Clamp Clamp Clamp						
							Size: 30 30 30						
<b>Section 3A - Air Brakes</b> AXLE 1 L/S & AXLE 3 R/S MAXI REPLACED, AIR LINES SECURED			<input checked="" type="checkbox"/>				Slack: Auto Auto Auto						
							Left: 32 32 32						
							Right: 32 32 32						
<b>Section 4 - Steering</b>						<input checked="" type="checkbox"/>	Comments:						
<b>Section 5 - Instruments, Auxillary Equipment</b>						<input checked="" type="checkbox"/>	<b>Air Brake Camshaft Rotation Measurement (degrees)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Left: 35 35 35						
							Right: 38 35 35						
<b>Section 6 - Lamps</b> FRONT L/S & REAR R/S MARKER REPLACED			<input checked="" type="checkbox"/>				Comments:						
<b>Section 7 - Electrical System</b>			<input checked="" type="checkbox"/>				<b>Brake Lining/Pad Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Lining (S Lining (S Lining (S						
							Left: 19 19 20						
							Right: 19 19 20						
<b>Section 8 - Body &amp; Frame</b>			<input checked="" type="checkbox"/>				Comments:						
<b>Section 9 - Tires &amp; Wheels</b>			<input checked="" type="checkbox"/>				<b>Rotor/Drum Measurement (mm)</b>						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Drum Drum Drum						
							Left: 0 0 0						
							Right: 0 0 0						
<b>Section 10 - Couplers &amp; Hitches</b>			<input checked="" type="checkbox"/>				Comments: 1 - REMOVED BACKING PLATES; 2 - REMOVED BACKING PLATES; 3 - REMOVED BACKING PLATES						
<b>Section 11 - Other Vehicle Components</b>						<input checked="" type="checkbox"/>							

General Inspection Comments:

Inspector's Name **SIDHU, PAWANPREET**

Signature

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/VIP at the Commercial Vehicle Safety Enforcement Branch, by writing to P.O. Box 9250, Stn Prov. Gov't, Victoria, BC V8W 9J2, by e-mailing to vehicle.inspections@gov.bc.ca or calling 250-952-0577.

PLACE STAPLE HERE



Insurance Corporation of British Columbia (the Corporation)

Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20210111111141

Owner's BC Driver's Licence Number

Owner ROYAL BANK OF CANADA (LESSOR) HAP TRUCKING LTD. (LESSEE) 7954 WEBSTER RD DELTA BC V4G 1G6

Certificate Number 55.DDH Effective Date 01Feb2021 Expiry Date 31Jan2022 Registration Number 12725009 Licence Plate Number 83802U Decal Number 00367363 VIN 5V8VA53B5KM900012 Fleet Number 726331 Unit Number 53327 Vehicle Inspection Decal FJ27017 Vehicle Inspection Expiry 31Jul2021 NSC Number NOT\*REQD Transaction Type RENEW Agency Number 63781 Document Number 29077WPT



Proof of Insurance

The owner and/or the operator of the vehicle described herein is insured against liability for bodily injury and property damage by reason of the operation of such vehicle. The coverage provided by this certificate also satisfies the minimum limits set out by the respective legislation governing vehicle insurance in any area of Canada and the USA.

This document is to be signed and carried in the insured vehicle as proof of insurance.

Vehicle Use BUSINESS OR COMMERCIAL USE.

Declaration of Declaration of principal driver not permitted.

Principal Driver

Conditional Factor

By signing here, you:

- apply for a Vehicle Licence and Registration under the Motor Vehicle Act or Commercial Transport Act;
• apply for an Owner's Certificate of Insurance under the Insurance (Vehicle) Act and Regulation (the Regulation);
• apply for optional insurance for which a premium is shown, in accordance with the terms and conditions of the ICBC Autoplan Optional Policy (the Optional Policy);
• if optional insurance is purchased, accept delivery of a copy of the Optional Policy by viewing it at www.icbc.com/optionalpolicy, or acknowledge receipt of a copy of the Optional Policy;
• certify that the driver is correct for all new plate, renewal transactions, and for adding or removing drivers;
• certify that coverage, use, territory and where applicable, location address are correct;
• acknowledge that the description of vehicle use set out is a summary of permitted uses in the indicated rate class and that complete details are available to you from your Autoplan agent or ICBC;
• certify that the vehicle is not currently required to be registered and licensed in another jurisdiction;
• certify that you, if under 18 years of age, have the consent of a parent or (legal) guardian to license and register this vehicle;
• certify that all information on all pages of this form is true and agree that you are responsible for any inaccuracies on any page or pages of this form.

Under section 75 of the Insurance (Vehicle) Act, your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary. For full information, see section 75 of the Insurance (Vehicle) Act.

If the lessee signs this form, the lessee agrees to be jointly and severally liable with the lessor for all premium or premium-related debt.

NOT VALID UNLESS STAMPED BY AUTHORIZED ISSUING OFFICE

63781

JAN 11 2021

Customer Copy Signature(s) Not Required

SIGNATURE OF OWNER

Customer Copy Signature(s) Not Required

SIGNATURE OF OWNER



Insurance Corporation of British Columbia (the Corporation)

Vehicle Registration

Registered Owner ROYAL BANK OF CANADA (LESSOR) HAP TRUCKING LTD. (LESSEE) 7954 WEBSTER RD DELTA BC V4G 1G6

Number of Owners 1

This Certificate must be carried in the vehicle. This Certificate must be signed by the owner as seller if the vehicle is sold.

When you sell the vehicle, the buyer must take the Registration and submit it with an application for transfer within 10 days of the purchase. Contact your Autoplan agent for details.

Registration Number 12725009 Licence Plate Number 83802U Year 2019 Make Vanguard Model Body Style VanTrailerHeavy VIC ML4PFF Colour White VIN 5V8VA53B5KM900012 Fuel Type Net Weight (kg) GVW (kg)/Disp. (cc) COMTLR Seating Capacity Vehicle Type COMMERCIAL TRAILER Anti-Theft Device Vehicle Status NORMAL Import Code Right-Hand Drive NO ORV NO

SIGNATURE OF OWNER

SIGNATURE OF OWNER



Insurance Corporation  
of British Columbia

(the Corporation)

## Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20210111111141

**Owner** ROYAL BANK OF CANADA  
(LESSOR)  
HAP TRUCKING LTD.

**Certificate No.** 55.DDH  
**Plate No.** 83802U

**Effective Date** 01Feb2021  
**Expiry Date** 31Jan2022

For complete details about your territory contact your Autoplan agent or ICBC.

### Coverages, Fees and Premiums

Coverages			Your Cost
<b>Basic</b> As per Insurance (Vehicle) Act and Regulation	<b>Territory Z</b> <b>Rate Class 513</b>	<b>Fleetplan Discount 58%</b>	\$119
<b>Third Party Liability</b> (Regulation, Part 6) (Optional Policy, Division 4)	<b>Limit \$5,000,000</b>		\$102
<b>Collision</b> (Optional Policy, Division 5)	<b>Deductible \$500</b>	<b>Declared Value \$40,000.00</b>	\$1,694
<b>Comprehensive</b> (Optional Policy, Division 5)	<b>Deductible \$300**</b>	<b>Declared Value \$40,000.00</b>	\$253
<b>Loss of Use</b> (Optional Policy, Division 5)	<b>Daily Limit \$100</b>	<b>Total Limit \$2000</b>	\$50

\*\* Comprehensive coverage with a \$300 deductible includes a \$200 deductible for any claim for windshield damage caused by missiles or flying objects.

**Annual Insurance Total** \$2,218

For trailers - Combined Driver Factors and Fleetplan discounts or surcharges do not apply to Basic and Third Party Liability premiums.

<b>Customer Copy</b> <b>Signature(s) Not Required</b>	<b>Customer Copy</b> <b>Signature(s) Not Required</b>	<b>Customer Copy</b> <b>Signature(s) Not Required</b>
SIGNATURE OF CUSTOMER	SIGNATURE OF CUSTOMER	SIGNATURE OF AGENT

**Your annual insurance costs include the following savings:**

- Fleetplan Discount

**Annual Licence Fee** \$32.00

**Agent Comments**  
COV D/V CONF.

**Total Amount Due** \$2,250.00