

VCR INSTRUCTIONS

The Vehicle Condition Report (VCR) is the Lynk & Co International "Damage Notation" document. This document must be completed in accordance with the following procedures every time new damage is noticed on the chassis.

At every hand-over point or at any point in the route where responsibilities are transferred, the chassis must be checked in accordance with the Instructions for inspection personnel – assessment of transit damages.

Every time damage is found on a chassis, a VCR must be completed with all the new damage that has been noticed and both the parties delivering the chassis and the party receiving the chassis MUST sign it. A copy of this VCR must be kept by each, and a copy must stay with the chassis itself until an approved Lynk & Co International repair center has repaired the damage. Pictures of damage are required.

A new VCR must be completed for every new incidence of damage and no addition notation made to any existing VCR that has a notation and is travelling with the chassis. This means that a single chassis can have several VCRs, one for each time new damage is noted. Remember you may spot damage that has already been noted earlier in the route. Therefore, if you spot any damage, you should first check to

see if it has already been issued with a VCR. Then and only then issue an additional VCR if the damage differs from the ones already noted.

If there is any need for a local procedure that deviates from the handover procedure, then this must be discussed with and approved by Volvo Cars.

VCR Completion Guide:

The VCR must be completed fully. Here is an explanation of each box:

Model - Box number 1

Insert the chassis model here, for example Lynk & Co 01.

Chassis - Box number 2

Insert the complete VIN number here.

Location Codes – Box number 3

Mark on the picture where the damage is.

Location Code - Box number 5

This is the code for part of chassis damaged and can be found in box number 3.

Damage Code - Box number 6

Insert the 2-digit numeric code used to describe the TYPE of damage. These codes can be found in box number 4.

Vehicle cover – Box number 7

If the vehicle have full body cover, make a X in correct tick box if full body cover is damaged or not.

Additional Notes – Box number 8

Any notes you can provide on the incident, and/or description of damage.

The following must be filled out by two separate parties, Hand-Over from being the person delivering the chassis to the Hand-over to party. Valid for section A and B

Transport Ref -Box letter (a)

Your reference number -ship name / voyage number, transport registration number, flight number, your job code or anything that helps identify the transport.

Company Name -Box letter (b)

Name of your Company OR Company you are working on behalf of (if you are a subcontracted carrier, this is the name of the Company that subcontracted with you).

Name -Box letter (c)

Your first name and last name, in block letters.

Sign/Date -Box letters (d) & (e)

Your signature, and the date damage, was noted (i.e. today's date)

City – Box letters (f)

Place of hand over

DAMAGE NOTATION

The damage codes can be found in box number 4. ALL damaged locations must be noted with the appropriate codes in the three boxes provided -if you run out of space, please use the "Additional Notes". Columns provided or note several locations in each box.

SIGNING

We require TWO signatures on the VCR to confirm damage. If the chassis was damaged whilst in YOUR care, then you must sign the "Hand-Over From" box. When you deliver / pass-on the VCR, this person must sign the "Hand-Over To" box.

Please complete ALL boxes, and sign / date the VCR.

COPIES

The VCR is a 3-part document: The BOTTOM copy goes to the "Hand-over FROM" Person

The MIDDLE copy goes to the "Hand-over TO" Person,

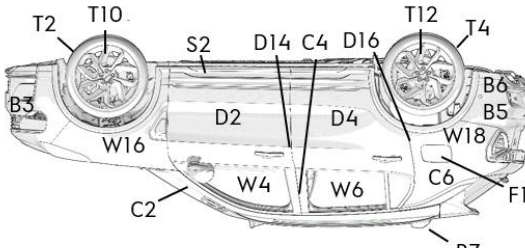
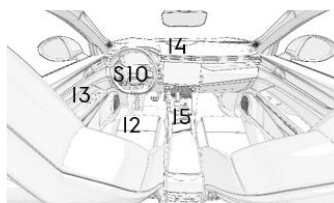
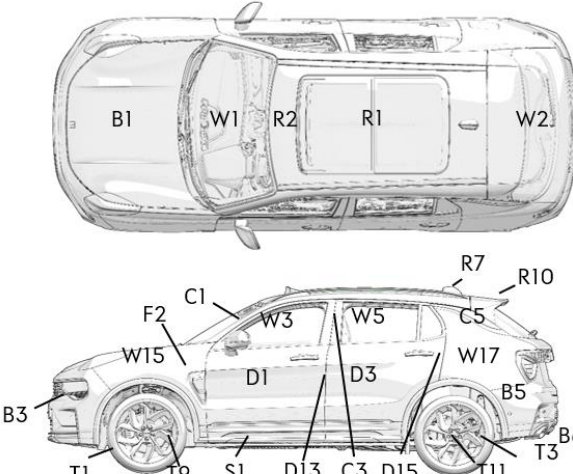
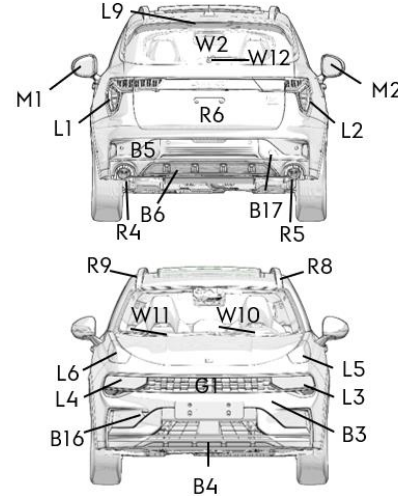
The TOP copy STAYS IN THE CHASSIS.

Please ensure the white copy is placed on the dashboard, in front of the steering wheel so the next person in the transport route has easy access to the form.

VEHICLE CONDITION REPORT

MUST be completed at time transit
damage is identified.

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1. Model		2. Vehicle Identification Number (VIN)						
3. Location codes <div style="display: flex; justify-content: space-around; align-items: flex-start; padding: 10px;">   </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; padding: 10px;">   </div>								
4. Damage codes and descriptions								
Code	GB	SE	DE	FR	IT	ES	NL	CN
13	Puncture	Punktering	Reifenpanne	Percement crevaison	Pneumatico forato	Perforación	Lekke band	被刺穿, 被戳破
27	Dent	Buckla	Beule	Bosse	Ammaccatura	Abolladura	Deuk	凹痕
28	Scratch	Repa	Kratzer	Rayure	Graffio	Arañazo	Kras	擦伤, 划痕
29	Paint ship	Lackavslag	Lackspritzer	Défaut de peinture	Vernice scheggiata	Pintura desportillada	Lakpunt	漆点飞溅
53	Missing	Saknas	Fehlteile	Manquant	Mancanze	Faltante	Ontbreekt	丢失, 遗失
82	Broken	Avbruten	Abgebrochene Teile	Cassé	Rottura di pezzo	Roto	Stuk	破损
99	Factory fault	Produktionsfel	Werksfehler	Défaut usine	Difetto di fabbricazione	Fallos de fábrica	Fabriekenfout	工厂质量缺陷
5. Location code		6. Damage code		7. Full vehicle cover damaged?		8. Additional notes		
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> A 9. Hand-over from </div> <div style="width: 10%; text-align: center; font-size: 2em;">➔</div> <div style="width: 30%;"> B 10. Hand-over to </div> </div>								
(a) Transport ref. (vessel name, truck reg, train code, plan nr)		Company type <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Factory <input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Distribution <input type="checkbox"/> Rail <input type="checkbox"/> Body builder <input type="checkbox"/> Sea <input type="checkbox"/> Retailer </div> <div style="width: 45%;"> <input type="checkbox"/> Factory <input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Distribution <input type="checkbox"/> Rail <input type="checkbox"/> Body builder <input type="checkbox"/> Sea <input type="checkbox"/> Retailer </div> </div>			(a) Transport ref. (vessel name, truck reg, train code, plan nr)			
(b) Company					(b) Company			
(c) Name					(c) Name			
(d) Signature & stamp					(d) Signature & stamp			
(e) Date	(f) City				(e) Date	(f) City		

IMPORTANT: Reservations for delivery must appear on the freight document.

Please use VCR (this document) as a support to detail noticed damages. TOP page must stay in chassis.

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