

Equipment Matrix

i. Basic Information

Commercial Brand/ Brand for Vehicle Safety Type Approval	TOYOTA / Kuozui
Test Model ¹	ALTIS

ii. Application Rating Method and Test variant

- ☐ The assessment of vehicles with the lowest base safety level shall be executed based on the government budget.
- ☐ Manufacturer is willing to provide the test vehicles and its test components free of charge.
- ☐ Purchase the test vehicles and its test components with the government budget.
- ☐ Manufacturer agree to sponsor for rating, and designate the following variant as the test variant.
- ☐ Variant with the base safety level(Standard equipment).
- ☐ Designated variant.

iii. Specification of Test Model

The test model is sold according to the following body type, drivetrain, displacement and energy types (this table can be added or deleted according to actual needs). In addition, please add relevant information in the description field, such as "Starting sales in 2018".

➤ Body Style

Body Style	Description
4 door sedan(saloon)	-

➤ Displacement and energy sources types, such as 2487c.c. gasoline (gasoline and electricity)

Displacement and energy sources types	Description
1798 c.c. gasoline	-
1798 c.c. gasoline (gasoline and electricity)	-

➤ Drivetrain

Drivetrain	Description
4 X 2	-

➤ The 3rd Row Seat²

Configuration description	✕ Not available
Seat	✕ Not available

iv. Other NCAP Rating Plan

Is the test vehicle model scheduled to be assessed, now or at some point in the future, by any other car safety evaluation program? Or have you obtained the effective star rating (e.g. Japan NCAP, Euro NCAP, etc.)?

Name of program	(Estimated) Date of Releasing Result
Euro NCAP	2020/11

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- 1. Please fill in the exact name of the commercial vehicle model to be displayed on TNCAP website, such as Mercedes-Benz C-Class, BMW 3 series.*
 - 2. For any variant of the model range with standard/optional third-row seats, the manufacturer shall provide at least one vehicle with third-row seats free of charge to allow assessment of the seat belt reminder device, child restraint system installation and rear seat whiplash. The implementing agency will return the vehicle after the test. If the manufacturer doesn't provide an extra vehicle for the above assessment, then the variant will not be considered to share the rating of the tested model.*

v. Model Range

Please specify the whole of test model range information in the table below. The model range refers to all the variant (i.e. body style, displacement and energy types, drivetrain system) which have acquired the Vehicle Safety Type Approval Certificate in Taiwan and have the same commercial name or designation. This information will be used to reveal to consumers the applicable variants of star assessment results. The assessed manufacturer shall attach relevant data and proved documents according to the TNCAP protocol (1.3 Application of Star Rating), for the implementing agency to conduct the applicability review.

Vehicle Model Code with "Vehicle Safety Type Safety Approval Certificate"	Marketing	Body Style	Displacement and energy sources types	Drivetrain	Kerb Weight ³	Rating Applies
AXXXXXXXXX-XX	Classic	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1290	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	Luxury	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1305	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	Luxury+	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1305	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	Deluxe	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1315	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	Deluxe+	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1315	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	GR SPORT	4 door sedan(saloon)	1798 c.c. gasoline	4 X 2	1330	<input checked="" type="checkbox"/>
AXXXXXXXXX-XX	Deluxe	4 door sedan(saloon)	1798 c.c. gasoline (gasoline and electricity)	4 X 2	1390	<input type="checkbox"/>
AXXXXXXXXX-XX	Flagship	4 door sedan(saloon)	1798 c.c. gasoline (gasoline and electricity)	4 X 2	1405	<input type="checkbox"/>

Supplementary description:

1. The Vehicle Safety Type Approval Certificate for XXX vehicle model, please see attachment 1.
2. The Classic, Luxury, and Luxury+ variants are all fitted with standard safety equipment. The Deluxe, Deluxe+, and GR SPORT variants have extra safety equipment compared to the standard equipment. Therefore, the above models are all applicable to the rating results.

Whether to apply for sharing the rating to other variants?

Yes

Supplementary description:

Deluxe and Flagship gasoline and electricity variants apply for sharing the star rating. But offset deformable barrier frontal impact test and oblique pole side impact test are applying for formal test, when test completed that will be provided to implementing agency for processing.

Whether to apply for sharing the star rating to other models

No

Supplementary description:

vi. Test Variant

Please recommend test variant with the lowest base safety level (or designate test variant) according to the aforementioned model range, and explain the reasons. If there are many variants belonging to the basic safety level in the rated model range, please describe the information and recommendation of each variant, and the implementing agency will select the test variant from the above ones.

<input checked="" type="checkbox"/> Variant with the base safety level (Standard equipment) <input type="checkbox"/> Designate variant	Description
Classic	---
Luxury	---

3. Please fill in the kerb weight of each variant base on the “Vehicle Safety Type Approval Certificate”

vii. Brand LOGO and Image of test variant

To facilitate the publication of rating results and related information on the TNCAP website, please reply (check the box) to indicate whether you agree to provide both images of the brand logo of vehicle model and the tested variant.

- Brand LOGO (If the box is not checked, the implementing institution will handle it directly.)
 - ☐ Agree to provide current or new image, the required specifications are as follows
 - Format : JPG or PNG
 - File size : 300*300 px
 - ☐ The image was provided previously.
 - ☐ Other, _____
- Image of test variant (If the box is not checked, the implementing institution will handle it directly.)
 - ☐ Agree to provide the test variant image, the required specifications are as follows
 - Format : JPG or PNG
 - File size : 408*198 px
 - Background color : white
 - View : ISO view
 - Vehicle head direction : When the viewer faces the image, the vehicle head direction is toward the left of the viewer.
 - ☐ Other, _____

viii. Adult Occupant Protection

Please describe the configuration of each safety equipment of the test model:

● Standard; ○ Optional; ✕ Not available; — Not applicable

Adult Occupant	Driver	Passenger	Row 2 outboard	Row 2 Center	Row 3 outboard	Row 3 Center				
Frontal										
Frontal airbag	●	●	✕	—	—	—				
Belt pretensioner	●	●	●	✕	—	—				
Belt loadlimiter	●	●	●	✕	—	—				
Knee airbag	●	●	—	—	—	—				
Side										
Side head airbag	●	●	●	—	—	—				
Side chest airbag	●	●	✕	—	—	—				
Side pelvis airbag	●	●	✕	—	—	—				
Whiplash										
Meet the Vehicle Safety Testing Directions, "50-2, Head restraint"	—	—	—	Y	—	Y				
Does the car have structure behind the front seats which might influence seat deflection/whiplash performance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description :							
AEB City System^{4,6}										
Fitment	●									
Name of AEB City system	PCS (Pre-Collision Safety system)									
AEB City System is 'Default On'?	Yes									
Operating speeds (km/h)	Min. Speed : XXX			Max. Speed : XXX						

If any safety equipment is optional or cannot be equipped with any variant, please fill in "○ Optional" or "✕ Not available" respectively. If the safety equipment cannot be used for the seat of test model, please fill in "— Not applicable".

TNCAP executive agency and technical service will randomly select predicted collision speeds⁵ from those provided by the evaluated vehicle manufacturer for the AEB City scenario and conduct 10 verification tests. The evaluated vehicle manufacturer may apply for additional test points at their own expense to obtain a more accurate correction factor. Please indicate in the table below whether you are applying for additional test points at your own expense.

Whether the assessed manufacturer wish to sponsor additional CCRs tests for validation	Yes
	Number of additional tests (up to 10) : _____
Supplementary description :	

Please indicate whether the test model conducted the knee-mapping; TNCAP executive agency will then hold the relevant inspection and one-to-one meeting.

Whether the knee mapping test is conducted for the test model?	Yes
Supplementary description :	

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4. For AEB City System, when a manufacturer believes that the *GVT* is not suitable for another type of sensor system used by the *VUT*, the manufacturer is asked to contact the TNCAP executive agency.
 5. Vehicle manufacturers shall provide the TNCAP executive agency with color-coded data used for predicting the AEB system tests (there is no need to provide the expected collision speeds). The vehicle performance in CCRs scenarios shall be clearly described to identify all overlap and collision speed combinations.
 6. If predictive data for the AEB City is not provided, the vehicle manufacturer shall, at their own expense, conduct tests at all grid points; otherwise, no score will be awarded for this item.

ix. Child Occupant Protection

Please describe the configuration of each safety equipment of the test model:

● Standard; ○ Optional; ✕ Not available; — Not applicable

Vehicle Based						
Child Occupant	Driver	Passenger	Row 2 outboard	Row 2 Center	Row 3 outboard	Row 3 Center
ISOFIX	—	✕	●	✕	—	—
Top tether	—	✕	●	✕	—	—
i-Size	—	✕	●	●	—	—
Integrated CRS	—	✕	✕	✕	—	—
Airbag cut-off switch	—	●	N/A	N/A	N/A	N/A
Airbag warning labels	—	●	N/A	N/A	N/A	N/A
Floor storage compartment	—	—	○	N/A	○	N/A

If any safety equipment is optional or cannot be equipped with any variant, please fill in "○ Optional" or "✕ Not available" respectively. If the safety equipment cannot be used for the seat of test model, please fill in "— Not applicable".

Whether the test model is vehicle with limited rear space ⁷ ?	Yes
Supplementary description :	

Whether the test model is equipped with a low risk deployment frontal airbag ⁸ ?	Yes
Supplementary description :	

7. Vehicles will be considered as having limited rear space when the normal CRSs recommended by the manufacturer cannot be installed with the front seats in t`position.

8. "The low risk deployment frontal airbag" means the airbag can remain active when installing a rearward facing child restraint system.

Manufacturer Recommended Child Restraints			
	Recommended restraint ⁹	Installation	Certificate of the registration of product certification Certificate No.
Group 0+	Maxi Cosi Cabriofix	Belt	CIXXXXXXXXXXXXXX
Group I	Römer Duo Plus	ISOFIX	CIXXXXXXXXXXXXXX
Group II	Römer KidFix XP	ISOFIX	CIXXXXXXXXXXXXXX
Group III	Römer KidFix XP	Belt	CIXXXXXXXXXXXXXX
6-year-old dummy (Q6)	Britax Römer KIDFIX XT SICT	ISOFIX	CIXXXXXXXXXXXXXX
10-year-old dummy (Q10)	Booster Cushion	ISOFIX	CIXXXXXXXXXXXXXX

Supplementary description :

Please attach the relevant information on recommended child restraints in the owner's manual of the model

For specific equipment not listed in the above table, please use the box above to supplement it.

9. Recommended child restraint systems (CRS) for dynamic tests will be bought and shipped to the laboratory by TNCAP executive agency at the expense of the assessed manufacturer.

x. Pedestrian Protection

Please provide details of the pedestrian protection systems

● Standard; ○ Optional; ✕ Not available

Active pedestrian system ¹⁰	
Deployable bonnet	✕
Pedestrian Airbag	✕
Name of system	

TNCAP will perform 10 validation tests, TNCAP *executive* agency and laboratory randomly chosen from the predicted results¹¹. The assessed manufacturers may sponsor additional points for validation to get a more accurate correction factor. Please indicate here whether or not additional points will be sponsored.

Whether the assessed manufacturer wish to sponsor additional headform tests for validation	Yes
	Number of additional tests (up to 10) : _____
Whether the assessed manufacturer wish to sponsor additional legform tests	Yes
	Number of additional tests : _____
Whether the assessed manufacturer wish to sponsor additional upper legform tests	Yes
	Number of additional tests : _____
Supplementary description:	

AEB VRU System ¹²		
AEB Pedestrian System		
Fitment	●	
Works in low light/darkness	Yes	
Technology employed	Radar	
Name of system	PCS (Pre-Collision Safety system)	
AEB Pedestrian System is 'Default On'?	Yes	
Operating speeds (km/h)	Min. Speed : XXX	Max. Speed : XXX
AEB Bicyclist System		
Fitment	●	

Technology employed	Radar	
Name of system	PCS (Pre-Collision Safety system)	
AEB Bicyclist System is 'Default On'?	Yes	
Operating speeds (km/h)	Min. Speed : XXX	Max. Speed : XXX
Supplementary description :		

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10. Note that the car will be tested with any active system undeployed unless the assessed manufacturer provide evidence to TNCAP demonstrating that the system meets the requirements set out in TNCAP's Pedestrian Testing Protocol regarding robustness of deployment
11. For pedestrian test, the assessed manufacturer shall provide predicted data for all grid points and the number of additional tests of the test model before the test. Where no predicted data is to be provided, all grid points of the assessed manufacturer shall be tested by laboratory at its own expense, or marked by the laboratory according to the Euro NCAP Pedestrian Testing Protocol version 5.3.1, November 2011, and tested according to the TNCAP Pedestrian Testing Protocol.
12. For AEB VRU System, when a manufacturer believes that the EVT is not suitable for another type of sensor system used by the VUT, the manufacturer is asked to contact the TNCAP executive agency.

xi. Safety Assist

● Standard; ○ Optional; ✕ Not available

Occupant Status Monitoring (OSM)						
Seat Belt Reminder (SBR)						
Name of system						
	Driver	Passenger seat	Row 2 Outboard	Row 2 Center	Row 3 Outboard	Row 3 Center
Fitment	●	●	●	●	●	●
Includes occupant detection as standard	—	Y	Y	Y	Y	Y
Driver Status Monitoring (DSM)						
Fitment		●				
Name of system						
Type of system						
Driver Status Monitoring is 'Default On'?		Yes				
Operating speeds (km/h)		Min. Speed : XXX			Max. Speed : XXX	
Supplementary description :						

AEB Inter-Urban System ^{13, 15}		
Fitment	●	
Name of system	PCS (Pre-Collision Safety system)	
Type of system	AEB+FCW	
AEB Inter-Urban System is 'Default On'?	Yes	
AEB operating speed range (km/h)	Min. Speed : 10	Max. Speed : XXX
FCW operating speed range (km/h)	Min. Speed : 10	Max. Speed : XXX
Supplementary description:		

TNCAP executive agency and technical service will randomly select predicted collision speeds¹⁴ from those provided by the evaluated vehicle manufacturer for the AEB Inter-Urban scenario and conduct 20 verification tests. The evaluated vehicle manufacturer may apply for additional test points at their own expense to obtain a more accurate correction factor. Please indicate in the table below whether you are applying for additional test

points at your own expense.

Whether the assessed manufacturer wish to sponsor additional AEB CCRm tests for validation	Yes
	Number of additional tests (up to 10) : _____
Whether the assessed manufacturer wish to sponsor additional FCW CCRs and CCRm tests for validation	Yes
	Number of additional tests (up to 10 for CCRs and CCRm tests) : _____
Supplementary description :	

Lane Support System (LSS) ¹³		
Name of system	LDA Lane Departure Warning System	
Type of system	LKA + LDW + ELK	×
Lane Support System is 'Default On'?	Yes	
Oncoming vehicle detection?	Yes	
LDW operating speed range (km/h)	Min. Speed : XXX	Max. Speed : XXX
LKA operating speed range (km/h)	Min. Speed : XXX	Max. Speed : XXX
ELK operating speed range (km/h)	Min. Speed : XXX	Max. Speed : XXX
Equipped with Blind Spot Monitoring (BSM)	●	
Supplementary description :		

13. For AEB Inter-Urban system and Lane Support System, when a manufacturer believes that the GVT is not suitable for another type of sensor system used by the VUT, the manufacturer is asked to contact the TNCAP executive agency.

14. Vehicle manufacturers shall provide the TNCAP executive agency with color-coded data used for predicting AEB and FCW system test scenarios (it is not necessary to provide the expected collision speed). The performance of the vehicle in CCRs and CCRm scenarios shall be detailed to determine all overlap and collision speed combinations.

15. If predictive data for highway emergency braking assistance systems is not provided, the vehicle manufacturer may, at their own expense, conduct tests at all grid points; otherwise, no score will be awarded for this item.

Speed Assistance System (SAS)						
Name of system		-				
Function of system		Intelligent Speed Assistnace(ISA , SLIF+SLF coupled)			●	
Speed Limit Information Function (SLIF)	Speed Limit Information Function type	Camera				
	Speed Limit Information Function is 'Default On'?	Yes				
	System Accuracy -If map-based data must be updated frequently (at least quarterly) and automatically for the first six years, without user action.	Yes				
	Recognizable background information of SLIF	General Speed Limit	Urban-Yes	Rural-Yes	Highways-Yes	
		Conditional Speed Limit	Time Condition-Yes	Weather Condition-Yes	Vehicle Category-Yes	
			Distance-Yes	Implicit-Yes	Dynamic Speed Limit-Yes	
Operating speed range (km/h)		Min. Speed : XXX			Max. Speed : XXX	
Supplementary description :						

Blind Spot Assist System (BSS)		
Fitment	●	
Name of system		
Type of system	BSD	
Blind Spot Detection (BSD) operating speed range (km/h)	Min. Speed : XXX	Max. Speed : XXX
Blind Spot Visualization (BSV) operating speed range (km/h)	Min. Speed : XXX	Max. Speed : XXX
Supplementary description :		

Test Information on Test Vehicle

I. Required Document for the Test and Assessment

(I) Adult Occupant Protection

1.1 Knee mapping test data, where applicable

The manufacturer shall submit the knee mapping data before the frontal offset deformable impact test, or within 6 weeks after the test at the latest. If it fails to do so, the penalty will be applied according to the protocol.

Description:

1.2 Front passenger data of the frontal full width impact test

The manufacturer shall submit the front passenger data at least 1 week before the frontal full width impact test. If it is not willing or able to provide this data, TNCAP may perform the frontal full width test with an additional dummy.

Description:

1.3 Details about the front seats available for that model of vehicle

Before the front seat whiplash test, the manufacturer shall submit the details about the front seats available for that model of vehicle and of any differences between the driver and front passenger's seats in the basic level vehicle that might influence whiplash protection.

Description:

1.4 Evidence of the equivalence of the worst case geometry assessment of the front seats

Before the front seat whiplash test, the manufacturer shall provide evidence that the front seats of test variant are equivalent in terms of the worst case geometry assessment; otherwise, the manufacturer will be asked to provide additional seat for assessment.

Description:

(I) Adult Occupant Protection

1.5 R point position and torso angle of the rear outboard seating positions of the test variant

Before the rear seat whiplash test, the manufacturer shall provide the theoretical design data for R point position and torso angle of the two outboard seating positions of the test variant to prove that the outboard seating positions are symmetrical. If all the values are the same to within the tolerances, only one position needs to be measured. Otherwise, the two outboard seating positions will separately assessed.

Description:

1.6 Evidence of the vehicle with limited rear space¹, where necessary

For vehicles with limited rear space, the manufacturer, before the assessment, shall provide evidence showing that the Child Restraint System (CRS) and/or child dummy cannot be installed without interference from the vehicle.

Description:

1. Vehicles will be considered as having limited rear space when the normal CRSs recommended by the manufacturer cannot be installed with the front seats in the test position.

(II) Child Occupant Protection

2.1 Evidence of low risk deployment frontal airbag², where necessary

Where the low risk deployment frontal airbag is fitted, the manufacturer shall provide convincing data before the assessment, which indicate that the frontal airbag can indeed be considered as low risk, and there must be information in the handbook indicating that this airbag can remain active when installing the rearward facing Child restraint system (CRS).

Description:

2.2 For vehicles with limited rear space, the manufacturer shall submit dynamic test data

The manufacturer shall provide the dynamic test data with modified front seating positions before the assessment; otherwise, zero point will be awarded for the dynamic assessment.

Description:

2. "The low risk deployment frontal airbag" means the airbag can remain active when installing a rearward facing child restraint system.

(III) Pedestrian Protection

3.1 Information about detection of pedestrian and deployable system

Where an active pedestrian protection system is fitted, the manufacturer shall provide all necessary information related to the detection of pedestrians and development of the system (such as the specific details of the sensing, trigger and development systems, etc.) before the pedestrian test, including but not limited to:

- 1. General system description shall be provided which details the type of sensor system (pressure/acceleration etc.) and give details of any airbags, actuators and hinge mechanisms.*
- 2. Active operating range for the system (km/h).*
- 3. Human body model simulations for head impact time (HIT) of relevant pedestrian statures (6YO, 5th female, 50th male, 95th male).*
- 4. System total response time (TRT) compared to HIT.*
- 5. Confirmation of hardest to detect impactor (HTD).*
- 6. Data from all necessary physical tests.*
- 7. HIC data for an undeployed system at the lower operating limit.*
- 8. Bonnet deflection analysis.*

Description:

3.2 Coordinates of all grid points derived from either CAE data or physical mark out, and HIC₁₅ or colour data detailing the protection offered by the test variant at all headform grid locations.

For headform impact test, the manufacturer shall provide the following data before any vehicle marking or testing begins:

- 1. Manufacturer grid marking coordinates relative to an identifiable location on the vehicle.*
- 2. Predicted colour or HIC data clearly identifying defaulted points and blue points.*
- 3. Justification for all blue points.*
- 4. In case there are two blue zones next to each other, details of which point(s) form a blue zone.*

Description:

3.3 Evidence for the location and structure of symmetrical grid points in front of the vehicle

For the legform impact test, if the structure of symmetrical grid points on both sides of the vehicle are different, the manufacturer should provide proof before the start location is selected and any nominations are made.

Description:

3.4 List of parts required for the pedestrian protection test

The manufacturer shall provide the list of parts required for the test before the pedestrian protection test. However, if the parts are quoted at unrealistically high prices or with excessively long lead times, the test will be scored zero points in accordance with TNCAP Section 1.4.4.3.2.

Description:

(IV) Safety Assist

4.1 For the evaluation of Driver Monitoring Systems, the manufacturer must provide a dossier containing a detailed technical assessment.

The dossier should contain:


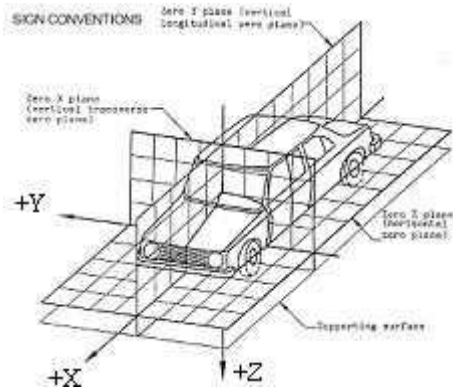


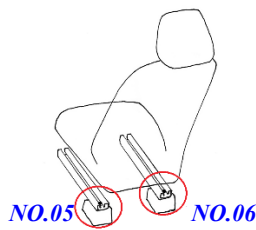

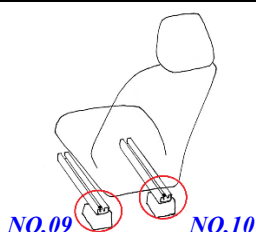
- 1. Technical detail about the system, to fully understand its functionality, relevant components, and intended availability.*
- 2. Test procedures, criteria and limits by which the performance of the system was verified.*
- 3. If available, the dossier should summarize the findings from real-world or simulated real-world evaluations.*

Description:

II. Specification Information Table of the Test Vehicle

i. Basic Information of the Vehicle						
Vehicle Make		Model Name		Test Model		
Vehicle Length	_____mm	Vehicle Width	_____mm	Number of Doors		
Unladen Kerb Mass	_____kg (full fuel tank)	Front Axle Weight	_____kg	Maximum Permitted Laden Mass	_____kg (full fuel tank)	
		Rear Axle Weight	_____kg			
Tire Specification	Brand	Model	Dimension	Speed Code	Load Capability Index	Cold Tire Pressure (unit)
Front Axle						
Rear Axle						
Geometric Inspection (Unit: degree & arc minute)	Left Toe-in (with tolerances)	Right Toe-in (with tolerances)	Left Camber (with tolerances)	Right Camber (with tolerances)	Left Caster (with tolerances)	Right Caster (with tolerances)
Front Axle						
Rear Axle						
Recommended value of air pressure for tire in proper load state	<input type="checkbox"/> Recommended Value Description:			<input type="checkbox"/> Figure:		
Fender Height with no Load	The height of left front fender from ground is _____mm, The height of left rear fender from ground is _____mm. The height of right front fender from ground is _____mm, The height of right rear fender from ground is _____mm.					
Engine Type	<input type="checkbox"/> ICE	<input type="checkbox"/> 92 Unleaded Gasoline <input type="checkbox"/> 95 Unleaded Gasoline <input type="checkbox"/> Diesel Fuel tank capacity : _____Liter				
	<input type="checkbox"/> Electric	<input type="checkbox"/> Pure Electric <input type="checkbox"/> Hybrid (Please declare the fuel type above) <input type="checkbox"/> Fuel cell: Fuel capacity:_____liter, Fuel type:_____. (Please attach the electric system specifications and charging operation documents.)				
	<input type="checkbox"/> Other:					
Spare Tire	<input type="checkbox"/> Available <input type="checkbox"/> Not available					
Accessory Tools	<input type="checkbox"/> Available <input type="checkbox"/> Not available					

ii. Vehicle Body Coordinate Structure and Design Value

Reference Point	Position Description	Coordinate Value (X, Y, Z)	Diagram Description	Diagram of Coordinate Axis Direction
NO.01	Fixing point above the striker of the left front door	X: Y: Z:	NO.01 	
NO.02	Fixing point of the hinge rod of the left front door	X: Y: Z:	NO.02 	
NO.03	Fixing point of the front left seat leg of driver seat	X: Y: Z:		
NO.04	Fixing point of the front right seat leg of driver seat	X: Y: Z:		
NO.05	Fixing point of the rear left seat leg of driver seat	X: Y: Z:		
NO.06	Fixing point of the rear right seat leg of driver seat	X: Y: Z:		
NO.07	Fixing point of the front left seat leg of the front passenger seat	X: Y: Z:		
NO.08	Fixing point of the front right seat leg of the front passenger seat	X: Y: Z:		
NO.09	Fixing point of the rear left seat leg of the front passenger seat	X: Y: Z:		
NO.10	Fixing point of the rear right seat leg of the front passenger seat	X: Y: Z:		
Please provide the coordinate reference point on the plane of the vehicle body. If there are other reference points other than the above, please also provide relevant diagram description.				
R point coordinate of driver seat		X:	Y:	Z:
R point coordinate of front passenger seat		X:	Y:	Z:
The R point coordinate at the 50th percentile at the outside of the 2nd row	Left	X:	Y:	Z:
	Right	X:	Y:	Z:
The R point coordinate at the 50th percentile at the outside of the 3rd row	Left	X:	Y:	Z:
	Right	X:	Y:	Z:

The official sheets are written in Chinese, this English edition is for your reference only.

iii. Function Information of Adjustments				
	Driver Seat	Front Passenger Seat	The Outside Of The 2nd Row Seat	The Outside Of The 3rd Row Seat
Seat Fore/Aft Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Base Tilt Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Height Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Lumbar Support *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Back Angle Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Seat Back Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Side Bolsters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Cushion Tilt Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Cushion Height Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushion Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Support System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movable Arm-Rests*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Lateral Adjustment	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Facing Adjustment	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Restraint Height Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Restraint Tilt Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt Anchorage Adjustment *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering Wheel - Horizontal *	<input type="checkbox"/>	Steering Wheel – Vertical		<input type="checkbox"/>
Accel Pedal Adjustment *	<input type="checkbox"/>	Brake Pedal Adjustment		<input type="checkbox"/>
Clutch Pedal Adjustment	<input type="checkbox"/>	Parking Brake Pedal Adjustment		<input type="checkbox"/>
Others Adjustments				

* Primarily Adjustment Device

iv. Manufacturer's Design Position For Crash And Whiplash Testing (Null If Not Available)			
Offset Deformable Barrier Frontal Impact	Driver Seat (H-III 50M)	Front Passenger Seat (H-III 50M)	Q6/Q10
Seat Fore/Aft Adjustment	Mid position. Position for the 95th percentile male: _____ notch/mm rearward from foremost position.	Mid position. Position for the 95th percentile male: _____ notch/mm rearward from foremost position.	Position for Q6: _____ notch/mm rearward from foremost position. Position for Q10: _____ notch/mm rearward from foremost position.
Seat Base Tilt Adjustment	<input type="checkbox"/> _____ notch/degree upper from flattest position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/degree upper from flattest position. <input type="checkbox"/> Others:_____.	—
Seat Back Angle Adjustment (Declare one)	<input type="checkbox"/> Torso Angle _____° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> Torso Angle _____° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> Torso Angle _____° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.
Movable Arm-Rests	_____ notch/mm upper from lowest position.	_____ notch/mm upper from lowest position.	Stowed position.
Seat Lumbar Support	<input type="checkbox"/> _____ notch/mm forward from rearmost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/mm forward from rearmost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/mm forward from rearmost position. <input type="checkbox"/> Others:_____.
Seat Belt Anchorage	_____ notch/mm lower from highest position.	_____ notch/mm lower from highest position.	As recommended in vehicle handbook for CRS installation
Accel Pedal Adjustment	<input type="checkbox"/> _____ notch/mm upper from lowest position. <input type="checkbox"/> Others:_____.	—	—
Brake pedal retraction mechanism	<input type="checkbox"/> Fitted (<input type="checkbox"/> Engine should be ran for _____ seconds <input type="checkbox"/> Engine does not need to be ran) <input type="checkbox"/> Not fitted		
Others (Please elaborate)			

Full Width Frontal Impact	Driver Seat (H-III 5F)	Front Passenger Seat (H-III 5F)	The Outside of 2 nd Row (H-III 5F)
Seat Fore/Aft Adjustment	_____ notch/mm rearward form foremost position.	_____ notch/mm rearward form foremost position.	_____ notch/mm rearward form foremost position.
Seat Base Tilt Adjustment	<input type="checkbox"/> _____ notch/degree upper from flattest position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/degree upper from flattest position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/degree upper from flattest position. <input type="checkbox"/> Others:_____.
Seat Height Adjustment	_____ notch/mm upper form lowest position.	_____ notch/mm upper form lowest position.	_____ notch/mm upper form lowest position.
Seat Back Angle Adjustment (Declare one)	<input type="checkbox"/> Torso Angle _____ ° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> Torso Angle _____ ° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> Torso Angle _____ ° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others:_____.
Movable Arm-Rests	_____ notch/mm upper form lowest position.	_____ notch/mm upper form lowest position.	Stowed position.
Head Restraint Tilt Adjustment	<input type="checkbox"/> Non-locking, _____ degree rearward form foremost position. <input type="checkbox"/> Locking, _____ degree rearward form foremost position. <input type="checkbox"/> Automatically Adjusting	<input type="checkbox"/> Non-locking, _____ degree rearward form foremost position. <input type="checkbox"/> Locking, _____ degree rearward form foremost position. <input type="checkbox"/> Automatically Adjusting	<input type="checkbox"/> Non-locking, _____ degree rearward form foremost position. <input type="checkbox"/> Locking, _____ degree rearward form foremost position. <input type="checkbox"/> Automatically Adjusting
Seat Lumbar Support	<input type="checkbox"/> _____ notch/mm forward from rearmost position. <input type="checkbox"/> Others:_____.	<input type="checkbox"/> _____ notch/mm forward from rearmost position. <input type="checkbox"/> Others:_____.	According to protocol.
Seat Belt Anchorage	_____ notch/mm lower form highest position.	_____ notch/mm lower form highest position.	_____ notch/mm lower form highest position.
Steering Wheel - Horizontal	<input type="checkbox"/> _____ notch/mm rearward form foremost position. <input type="checkbox"/> Others:_____.	—	—
Accel Pedal Adjustment	<input type="checkbox"/> _____ notch/mm upper form lowest position. <input type="checkbox"/> Others:_____.	—	—
Brake pedal retraction mechanism	<input type="checkbox"/> Fitted (<input type="checkbox"/> Engine should be ran for _____ seconds <input type="checkbox"/> Engine does not need to be ran) <input type="checkbox"/> Not fitted		
Others (Please elaborate)			

Side Impact Mobile Deformable Barrier Oblique Pole Side Impact	Driver Seat (WorldSID 50M)	Q6/Q10
Seat Fore/Aft Adjustment	According to protocol.	_____ notch/mm rearward from foremost position.
Seat Back Angle Adjustment (Declare one)	<input type="checkbox"/> Torso Angle _____° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others: _____.	<input type="checkbox"/> Torso Angle _____° <input type="checkbox"/> _____ notch/degree rearward from foremost position. <input type="checkbox"/> Others: _____.
Movable Arm-Rests	_____ notch/mm upper form lowest position.	Stowed position.
Seat Belt Anchorage	_____ notch/mm lower form highest position.	As recommended in vehicle handbook for CRS installation
Others (Please elaborate)		
WorldSID Rib Angle	_____ degree	
Reference for protocols on WorldSID rib angle. 3.3.5.2.5.1/3.4.5.3.4.1 Adjust the dummy until the thorax tilt sensor coincides with the angle specified by the manufacturer. 3.3.5.2.5.2/3.4.5.3.4.2 If the rib angle is not specified by the manufacturer and the seat back is $23^\circ \pm 1^\circ$, adjust the dummy until the thorax tilt sensor reads -2° (spine flexion) $\pm 1^\circ$ 3.3.5.2.5.3/3.4.5.3.4.3 If no rib angle is specified and the seat back angle is not $23^\circ \pm 1^\circ$, no further adjustment Version 8.3 5th December 2023 17 of rib angle is required.		
Head Protection Device, HPD		
The Pressure For Side Airbags	Front Seat: _____ psi, <input type="checkbox"/> Curtain airbags <input type="checkbox"/> Seat mounted head protection devices <input type="checkbox"/> Not fitted Rear Seat: _____ psi, <input type="checkbox"/> Curtain airbags <input type="checkbox"/> Seat mounted head protection devices <input type="checkbox"/> Not fitted	

Front Seat Whiplash			
Seat Belt	<input type="checkbox"/> Use generic seat belts anchorage mounting. <input type="checkbox"/> Use vehicle specific belts and geometry (Please provide the installation mounting and the coordinate information below).		
Seat Belt Upper Fixed Point	X:	Y:	Z:
Seat Belt Lower Fixed Point	X:	Y:	Z:
Seat Belt Buckle Fixed Point	X:	Y:	Z:
Seat Belt Pretensioner	<input type="checkbox"/> Not fitted <input type="checkbox"/> Fitted, do not need to trigger in the test. <input type="checkbox"/> Fitted, need to trigger in the test, time to fire: ____ms		
Active Head Restraint	<input type="checkbox"/> Not fitted <input type="checkbox"/> Re-active head restraint <input type="checkbox"/> Pro-active head restraint, time to fire: ____ ms		
Z Axis Coordinate Of Heel Plane Height			
Seat Rail Angle			

Rear Seat Whiplash	The Outside of 2 nd Row Seat	The Outside of 3 rd Row Seat
Seat Fore/Aft Adjustment	____ notch/mm rearward from foremost position.	____ notch/mm rearward from foremost position.
Seat Base Tilt Adjustment	<input type="checkbox"/> ____ notch/degree upper from flattest position. <input type="checkbox"/> Others: _____.	<input type="checkbox"/> ____ notch/degree upper from flattest position. <input type="checkbox"/> Others: _____.
Seat Height Adjustment	____ notch/mm upper from lowest position.	____ notch/mm upper from lowest position.
Seat Lumbar Support	<input type="checkbox"/> ____ notch/mm forward from rearmost position. <input type="checkbox"/> Others: _____.	<input type="checkbox"/> ____ notch/mm forward from rearmost position. <input type="checkbox"/> Others: _____.
Seat Back Angle Adjustment	<input type="checkbox"/> Torso Angle ____° <input type="checkbox"/> ____ notch/degree rearward from foremost position. <input type="checkbox"/> Others: _____.	<input type="checkbox"/> Torso Angle ____° <input type="checkbox"/> ____ notch/degree rearward from foremost position. <input type="checkbox"/> Others: _____.
Head Restraint Height Adjustment	<input type="checkbox"/> Non-locking, ____ mm upper from lowest position. <input type="checkbox"/> Locking, ____ notch upper from lowest position. <input type="checkbox"/> Automatically Adjusting	<input type="checkbox"/> Non-locking, ____ mm upper from lowest position. <input type="checkbox"/> Locking, ____ notch upper from lowest position. <input type="checkbox"/> Automatically Adjusting
Head Restraint Tilt Adjustment	<input type="checkbox"/> Non-locking, ____ degree rearward from foremost position. <input type="checkbox"/> Locking, ____ degree rearward from foremost position. <input type="checkbox"/> Automatically Adjusting	<input type="checkbox"/> Non-locking, ____ degree rearward from foremost position. <input type="checkbox"/> Locking, ____ degree rearward from foremost position. <input type="checkbox"/> Automatically Adjusting

Torso Angle Of The 50 th Percentile Male	Left:_____. Right:_____.	Left:_____. Right:_____.
Centreline of a seating position (C/LO)	<input type="checkbox"/> Marking according to protocol. <input type="checkbox"/> Marking according to coordinate: Left X: ____, Right X: ____. <input type="checkbox"/> Others (Please elaborate)	<input type="checkbox"/> Marking according to protocol. <input type="checkbox"/> Marking according to coordinate: Left X: ____, Right X: ____. <input type="checkbox"/> Others (Please elaborate)

** Only the main adjustment devices are listed. If other adjustment devices need to be declared, please submit separate documents to explain. If not declared, they will be installed in accordance with protocol.*

V. Setting Parameters of Pedestrian Protection Test					
1. The Normal Ride Attitude with the reference of the vertical (Z) position of any marks, holes, surfaces and identification signs on the vehicle body, above the ground.					
Fender Height at the Normal Ride Attitude	The height of left front fender from ground is ____mm, The height of left rear fender from ground is ____mm. The height of right front fender from ground is ____mm, The height of right rear fender from ground is ____mm.				
Fender Height at 40 km/h	<input type="checkbox"/> With adjustable suspension, please provide information about the height from the ground. <input type="checkbox"/> Without adjustable suspension, there is no need to provide information in this field. The height of left front fender from ground is ____mm, The height of left rear fender from ground is ____mm. The height of right front fender from ground is ____mm, The height of right rear fender from ground is ____mm.				
Other					
2. Vehicle Body Coordinate Structure and Design Value					
Reference Point	Coordinate Value (X, Y, Z)			Diagram of Coordinate Axis Direction	
NO.01	X: _____	Y: _____	Z: _____		
NO.02	X: _____	Y: _____	Z: _____		
NO.03	X: _____	Y: _____	Z: _____		
NO.04	X: _____	Y: _____	Z: _____		
NO.05	X: _____	Y: _____	Z: _____		
Please provide the coordinate reference point on the front 1/3 area of the vehicle (hood, engine bay, etc.) If there are other reference points other than the above, please also provide relevant diagram description.					
3. Vehicle Mark					
Grid marking coordinates	<input type="checkbox"/> Provide CAE data. (Please refer to “Other Remarks” below) <input type="checkbox"/> Provide physical mark out.				
Grid points for comparison	The grid origin C0,0		X: _____	Y: _____	Z: _____
	2 points on WAD2100	A11, ____	X: _____	Y: _____	Z: _____
		A11, ____	X: _____	Y: _____	Z: _____

Legform Impact Test	<input type="checkbox"/> The height of the lower bumper reference line is less than 425 mm, and the legform impactor is adopted. <input type="checkbox"/> The height of the lower bumper reference line is more than 500 mm, and the upper legform impactor is adopted. <input type="checkbox"/> The height of the lower bumper reference lines is between 425~500 mm, adopt <input type="checkbox"/> legform impactor <input type="checkbox"/> upper legform impactor
Deployable systems	<input type="checkbox"/> Deployable systems <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not available
Other Remarks	All the grid marking coordinates of the CAE data or the physical mark out: 1. Two identifiable points on the vehicle centreline (Y=0). (For example, the emblem in front, the camera on the windshield, etc.) 2. The coordinates of the corner reference points, the corner of bumper, and the outermost ends of the bumper beam/lower rails/cross beam structures relative to the identifiable positions on the vehicle. 3. The coordinates of the headform grid points and the upper legform WAD775mm grid points relative to the identifiable positions on the vehicle.

vi. Active Safety System Information							
Autonomous Emergency Braking System <input type="checkbox"/> Not equipped	1. System Specification and Execution Requirement						
	<input type="checkbox"/> City System	System Name					
		Autonomous Emergency Braking(AEB)	Speed Range	Max Value	km/h	Min. Value	km/h
	<input type="checkbox"/> Inter-Urban System	System Name					
		Autonomous Emergency Braking(AEB)	Speed Range	Max Value	km/h	Min. Value	km/h
		<input type="checkbox"/> Forward Collision Warning(FCW)	Speed Range	Max Value	km/h	Min. Value	km/h
	<input type="checkbox"/> Vulnerable Road User System	System Name					
		Autonomous Emergency Braking(AEB)	Speed Range	Max Value	km/h	Min. Value	km/h
		<input type="checkbox"/> Autonomous Emergency Braking and Forward Collision Warning (AEB & FCW)					
		Test scenarios where the function is enabled/active: <input type="checkbox"/> Car-to-Pedestrian Farside Adult (CPFA) <input type="checkbox"/> Car-to-Pedestrian Nearside Adult(CPNA-25, CPNA-75); <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Car-to-Pedestrian Nearside Child(CPNC) <input type="checkbox"/> Car-to-Pedestrian Longitudinal Adult(CPLA-25, CPLA-50); <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Car-to-Bicyclist Nearside Adult(CBNA-50) <input type="checkbox"/> Car-to-Bicyclist Longitudinal Adult(CBLA-25, CBLA-50)					
	Pedestrian/ Vulnerable Road User Protection System (i.e. a deployable pedestrian/ VRU protection system)	<input type="checkbox"/> Equipped (Please describe disable method in the following blank space); <input type="checkbox"/> Equipped and already disable; <input type="checkbox"/> Not equipped					
		Disable Method Description:					
2.System Setting Method and Description							
Speed Control*	<input type="checkbox"/> Equipped with speed limit device	<input type="checkbox"/> Can be used during assessment execution; <input type="checkbox"/> Not available					
	<input type="checkbox"/> Equipped with Cruise Control	<input type="checkbox"/> Can be used during assessment execution; <input type="checkbox"/> Not available					

*Only confirm whether it will affect the Autonomous Emergency Braking System of the vehicle to be tested, instead of specifying the assessment execution method.		<input type="checkbox"/> Yes; <input type="checkbox"/> No
Timing of FCW Collision Warning	<input type="checkbox"/> Can be set (Please describe setting method as below); <input type="checkbox"/> Cannot be set	
Setting Method Description:		
Timing of AEB Braking Application	<input type="checkbox"/> Can be set (Please describe setting method as below); <input type="checkbox"/> Cannot be set	
Setting Method Description:		
If requested by the vehicle manufacturer, drive a maximum of 100km on a mixture of urban and rural roads with other traffic and roadside furniture to 'calibrate' the sensor system. Avoid harsh acceleration and braking.		<input type="checkbox"/> Drive on test track to 'calibrate' the sensor system <input type="checkbox"/> Drive on a mixture of urban and rural roads to 'calibrate' the sensor system <input type="checkbox"/> No need to execute
If requested by the OEM an initialisation run may be included before every test run.**		<input type="checkbox"/> Yes <input type="checkbox"/> No
**Before every test run, drive the VUT around a circle of maximum diameter 30m at a speed less than 10km/h for one clockwise lap followed by one anticlockwise lap, and then manoeuvre the VUT into position on the test path.		
Deactivate Function of AEB and/or FCW		<input type="checkbox"/> Cannot be deactivate <input type="checkbox"/> Can be manually deactivate (Please describe the deactivate method in the following blank)
Deactivate Method Description:		
Supplementary warning for the FCW system	In addition to the required audiovisual warning, a more sophisticated warning like head-up display, belt jerk, brake jerk or any other haptic feedback.	
	<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped	Warning Method:
Reversible pre-tensioning of the belt in the pre-crash phase	<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped	
AEB Non-Availability State	Is the AEB system subject to a limit on the number of activations, and upon reaching this limit, does the system provide a visual warning (e.g., indicator or symbol) to inform the driver that the system is currently unavailable or deactivated. <input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped	
	Restoring Method Description:	

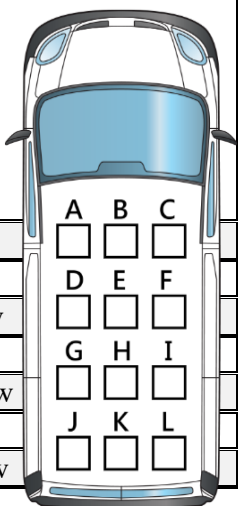
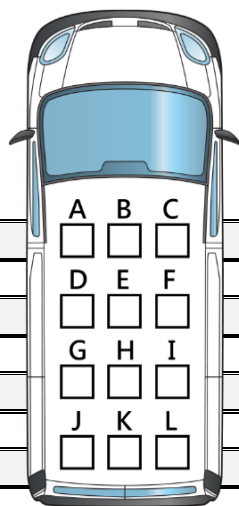
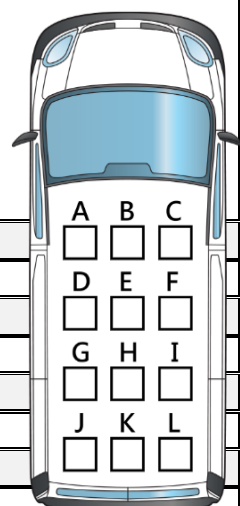
Attention:

- ☐ Applicant understands that when the active safety test item is conducted by the laboratory according to the assessment standard, it will inevitably collide, so the body damage caused by it cannot be completely avoided. If it is possible to carry out the continuous assessment item after the damage, it will continue to carry out, and the tested vehicle will be returned to the applicant after all active safety items are completed.
- ☐ In case that the tested vehicle is unable to continue the test rating due to physical damage during the active safety test, the implementing agency, the laboratory and the tested manufacturer will determine the responsibility through negotiation, and bear the relevant expenses according to the negotiation results.

Lane Support Systems <input type="checkbox"/> Not equipped	1. System Specification and Execution Requirement					
	System Name					
	Warning Signal		<input type="checkbox"/> Audible; <input type="checkbox"/> Visual; <input type="checkbox"/> Haptic; <input type="checkbox"/> Other:			
	Equipped with ESC system**		<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped			
	** The tested vehicle shall be equipped with the following requirements: (1) Electronic Stability Control according to UN R140 standard of the United Nations, or (2) Electronic Stability Control specified in Section 5.6 of Vehicle Safety Testing Directions 42-3 announced by the Ministry of Transportation and Communications, or (3) Electronic Stability Control specified in Vehicle Safety Testing Directions 85 announced by the Ministry of Transportation and Communications					
	<input type="checkbox"/> Lane Departure Warning (LDW)	Speed Range	Max Value	km/h	Min. Value	km/h
	<input type="checkbox"/> Lane Keeping Assist (LKA)	Speed Range	Max Value	km/h	Min. Value	km/h
	<input type="checkbox"/> Emergency Lane Keeping (ELK)	Speed Range	Max Value	km/h	Min. Value	km/h
	In case of Lane Keeping Assist (LKA), Emergency Lane Keeping (ELK)		<input type="checkbox"/> The vehicle manufacturer shall provide information describing the location when the closed loop path and/or speed control shall be ended*** <input type="checkbox"/> Otherwise for each lateral velocity, two calibration runs shall be performed in order to determine when the system activates. Compare steering wheel torque, vehicle speed or yaw rate of both runs and determine where there is a notable difference that identifies the location of intervention			
	***Document is provided describing the location of LKA and/or ELK intervene, so as not to interfere with the system intervention for each test.					
	2. System Setting Method and Description					
	Lane Departure Warning (LDW)		<input type="checkbox"/> Can be set (Please describe setting method in the following blank); <input type="checkbox"/> Cannot be set			
	Setting Method Description:					
	Lane Keeping Assist (LKA)		<input type="checkbox"/> Can be set (Please describe setting method in the following blank); <input type="checkbox"/> Cannot be set			
	Setting Method Description:					
If requested by the vehicle manufacturer, drive a maximum of 100km on a mixture of urban and rural roads with other traffic and roadside furniture to 'calibrate' the sensor system. Avoid harsh acceleration and braking.			<input type="checkbox"/> Drive on test track to 'calibrate' the sensor system <input type="checkbox"/> Drive on a mixture of urban and rural roads to 'calibrate' the sensor system <input type="checkbox"/> No need to execute			
If requested by the OEM an initialisation run may be included before every test run.****			<input type="checkbox"/> Yes <input type="checkbox"/> No			

	****Before every test run, drive the VUT around a circle of maximum diameter 30m at a speed less than 10km/h for one clockwise lap followed by one anticlockwise lap, and then manoeuvre the VUT into position on the test path.
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Speed Assistance Systems <input type="checkbox"/> Not equipped	System Specification and Execution Requirement		
	Speed Assistance Systems Information	System Name	
		Active braking	<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped
	Speed Assistance Systems Function	<input type="checkbox"/> Speed Limit Information Function (SLIF)***** <input type="checkbox"/> Speed Limitation Function (SLF)***** <input type="checkbox"/> Intelligent Speed Assistance (ISA) <input type="checkbox"/> Intelligent Adaptive Cruise Control (iACC)	
	***** This function is available as an optional feature and can be selected in combination with other options.		
	Speed Limit Information Function(SLIF)	Display Method	<input type="checkbox"/> The speed limit information must be shown at any time <input type="checkbox"/> The speed limit information must be accessible at any time with a simple operation (Please describe operation method in the following blank)
			Operation Method:
		Camera or map based or a combination of both	<input type="checkbox"/> Camera; <input type="checkbox"/> Map; <input type="checkbox"/> Camera and Map
			<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped with sub sign recognition
			<input type="checkbox"/> Updated; <input type="checkbox"/> Not updated If map-based data must be updated frequently (at least quarterly) and automatically for the first six years, without user action. (ex. sending DVD/USB to customer allowed).
		Supplementary Warning Function	<input type="checkbox"/> Audible; <input type="checkbox"/> Haptic; <input type="checkbox"/> Head-Up Display; <input type="checkbox"/> Other (Please describe in the following blank)
			Description of other supplementary warning functions:
		Mobile devices connected to the vehicle network	<input type="checkbox"/> The speed limit information could be shown on mobile devices connected to the vehicle network. <input type="checkbox"/> The speed limit information map-based data could be provided by mobile devices connected to the vehicle network.

1. System Specification and Execution Requirement													
System Name													
Warning Type		The 1st Row		Rear 1st Row		Rear 2nd Row		Rear 3rd Row					
Visual Signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
Audible Signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>					
Seating Positions of SBR			<input type="checkbox"/> Seating Positions of DMS				<input type="checkbox"/> Seating Positions of Removable Seats						
													
The 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		The 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		The 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Rear 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 1st Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Rear 2nd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 2nd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 2nd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Rear 3rd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 3rd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Rear 3rd Row		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Marking method : <input checked="" type="checkbox"/> For seating position with function; <input type="checkbox"/> For seating position without function; <input checked="" type="checkbox"/> Not equipped.													
		Driver's Seat		Front seat passengers		Rear 1st Row		Rear 2nd Row		Rear 3rd Row		Remark	
Equipped with DSM		<input type="checkbox"/>										The samples of triggering condition are as follows: 1. The car has reached a forward speed of ○○km/h 2. The engine has been running for ○○ seconds 3. Turn on ignition switch 4. "Forward Motion" for ○○ meters	
Equipped with multiple signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
•Equipped with visual signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Triggering condition of visual signal													
•Equipped with initial audible signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Triggering condition of initial audible signal													
•Equipped with final audible signal		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Triggering condition of final audible signal													
2. System Setting Method and Description													
Seat Belt Reminder Device		<input type="checkbox"/> Manual switch off function at rear row position (Please describe switch off method in the following blank)											

	Other functions <input type="checkbox"/> Not equipped	Switch off operation description:
		<input type="checkbox"/> Manual switch off air bag function at front seat passenger (Please describe switch off method in the following blank)
		Switch off operation description:

Blind Spot Monitoring System <input type="checkbox"/> Not equipped	System Specification and Execution Requirement		
	Blind Spot Monitoring System Information	System Name	
		Centre of the 95th percentile eyellipse	Distance from the front wheel center to the centre of the 95th percentile eyellipse: m
	Blind Spot Monitoring System Function	Blind Spot Detection	<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped
		Blind Spot Visualization	<input type="checkbox"/> Equipped; <input type="checkbox"/> Not equipped
	Warning Function	<input type="checkbox"/> Audible; <input type="checkbox"/> Visual; <input type="checkbox"/> Real-Time Camera View; <input type="checkbox"/> Other(Please describe in the following blank)	
		Description of other warning functions:	

vii. Attached File

1. The power type of the test vehicle is electric/hybrid drive, and electrical system specifications and charging operation documents shall be provided.

REESS Type			Working Voltage	____V	
			REESS Capacity	____kWh	
Chemical Ingredients of Electrolyte capacity		Total Volume: ____L	Specific Gravity:	Color:	
Maintenance Shutdown Device	<input type="checkbox"/> Not available <input type="checkbox"/> Available, position:				
Automatic Disconnect	<input type="checkbox"/> Not available <input type="checkbox"/> Available, position:				
Automatic Disconnect Operation Indicator	<input type="checkbox"/> Not available <input type="checkbox"/> Available, position:				
Charging status of REESS normal operation situation	<input type="checkbox"/> SOC: ____% ~ ____% or <input type="checkbox"/> Voltage: ____V ~ ____V				
Relevant power system components					
Power system layout chart					
Power system components*2	Traction motor				
	REESS*3				
	Electric energy conversion system				
	Electrical converter				
	Auxiliaries for running				
	Coupling system for charging system				
	Other				

*1. For fuel cells, please provide other relevant information such as fuel type and storage capacity.

*2. Indicate respective locations (e.g., inside/outside the cabin) and attach drawings and photographs.
Additionally, specify where to check for protection from electric shock

*3. Indicate where they are fixed and the method of fixation.

2. Requirements for protection from electric shock offered by the manufacturer:
- ☐ Measuring Isolation Resistance: Please provide the working voltage, current type and measurement location of each power system components, and assist in wiring.
 - ☐ Measuring the Residual Voltage: Please provide the working voltage information and measurement location of high voltage components, and assist in wiring.
 - ☐ Measuring the Residual Energy: Please define the capacitance information and measurement location of each capacitor and assist in wiring
3. If there are any collision avoidance related systems, please provide the closing mode to avoid operation in collision test.
4. Please provide the disassembly method of steering wheel and airbag.
5. Please provide the disassembly method of steering wheel and airbag.
6. If the seat is electric, please provide the wiring pin position definition diagram.
7. If the head restraint is **pro-active**, please provide control mode or trigger signal information.
8. If the design position setting of Q6/Q10 moving parts is different, please provide separate setting positions.
9. If there are other body coordinate reference points, please provide relevant diagram description.
10. During the pedestrian protection test, the front cover needs to be in a dynamic development state. Please provide the necessary information on the trigger system, specific details of the sensing, trigger and deployment systems.
11. Please provide the pedestrian protection test body marking grid.
12. Vehicle fit with Automatic Door Locking (ADL) function or not.
- ☐ Without ADL.
 - ☐ ADL is fitted as standard and by default always ON.
 - ☐ ADL is not fitted as standard, or not by default always ON, but fitted to the test variant.

13. According to the requirements of protocol 2.1.6.2.4, provide the score for all five grid points per test speed for AEB City.

AEB City : Predicted score for CCRs-AEB

<u>Test Speed</u>	-50 %	-75 %	100 %	+75 %	+50 %
10 km/h					
15 km/h					
20 km/h					
25 km/h					
30 km/h					
35 km/h					
40 km/h					
45 km/h					
50 km/h					

14. Inter-urban system of AEB:

According to the requirements of protocol 3.10.7.4.3.3, provide the brake pedal actuation speed and control, which can be used as the benchmark for equipment control and adjustment during the test.

15. According to the requirements of protocol 2.4.3.2.5, provide the score for all five grid points per test speed for AEB Inter-Urban.

(1) AEB Inter-Urban : Predicted score for CCRs-FCW

<u>Test Speed</u>	-50 %	-75 %	100 %	+75 %	+50 %
30 km/h					
35 km/h					
40 km/h					
45 km/h					
50 km/h					
55 km/h					
60 km/h					
65 km/h					
70 km/h					
75 km/h					
80 km/h					

(2) AEB Inter-Urban : Predicted score for CCRm-AEB

<u>Test Speed</u>	-50 %	-75 %	100 %	+75 %	+50 %
30 km/h					
35 km/h					
40 km/h					
45 km/h					
50 km/h					
55 km/h					
60 km/h					
65 km/h					
70 km/h					
75 km/h					
80 km/h					

(3) AEB Inter-Urban : Predicted score for CCRm-FCW

<u>Test Speed</u>	-50 %	-75 %	100 %	+75 %	+50 %
50 km/h					
55 km/h					

60 km/h					
65 km/h					
70 km/h					
75 km/h					
80 km/h					

16. Vulnerable Road User System of AEB:

- (1) According to the requirements of protocol 3.11.6.4.5, provide the test speed of stop testing when the manufacturer predicts no performance of the system in each situation test as the reference information for assessment execution.
- (2) According to the requirements of protocol 3.11.6.4.6, provide the test situation to predict the collision speed. ☐Provide; ☐Not provide.

Test Scenarios	Car-to-Pedestrian Farside Adult CPFA		Car-to-Pedestrian Nearside Adult						Car-to-Pedestrian Nearside Child CPNC	
			CPNA-25			CPNA-75				
<u>Predicted Collision Speed (km/h)</u>	<u>Test Speed</u>	<u>Predicted collision speed (Provided by the manufacture r)</u>	<u>Test Speed</u>	<u>Predicted collision speed (Provided by the manufacture r)</u>		<u>Test Speed</u>	<u>Predicted collision speed (Provided by the manufacture r)</u>		<u>Test Speed</u>	<u>Predicted collision speed (Provided by the manufacture r)</u>
				<u>Day</u>	<u>Night</u>		<u>Day</u>	<u>Night</u>		
	20		20			20			20	
	25		25			25			25	
	30		30			30			30	
	35		35			35			35	
	40		40			40			40	
	45		45			45			45	
	50		50			50			50	
	55		55			55			55	
60		60			60			60		
<u>Target speed (km/h)</u>	8		5			5			5	
<u>Visual Obstruction</u>	<u>None</u>		<u>None</u>			<u>None</u>			<u>None</u>	
<u>Impact location</u>	50%		25%			75%			50%	

<u>Test Scenarios</u>	<u>Car-to-Pedestrian Longitudinal Adult</u> CPLA-50			<u>Car-to-Bicyclist Nearside Adult</u> CBNA-50		<u>Car-to-Bicyclist Longitudinal Adult</u> CBLA-50	
<u>Predicted Collision Speed (km/h)</u>	<u>Test Speed</u>	<u>Predicted collision speed</u> (Provided by the manufacturer)		<u>Test Speed</u>	<u>Predicted collision speed</u> (Provided by the manufacturer)	<u>Test Speed</u>	<u>Predicted collision speed</u> (Provided by the manufacturer)
		<u>Day</u>	<u>Night</u>				
	20			20		25	
	25			25		30	
	30			30		35	
	35			35		40	
	40			40		45	
	45			45		50	
	50			50		55	
	55			55		60	
	60			60			
<u>Target speed (km/h)</u>	5			15		15	
<u>Visual Obstruction</u>	<u>None</u>			<u>Yes</u>		<u>None</u>	
<u>Impact location</u>	50%			50%		50%	

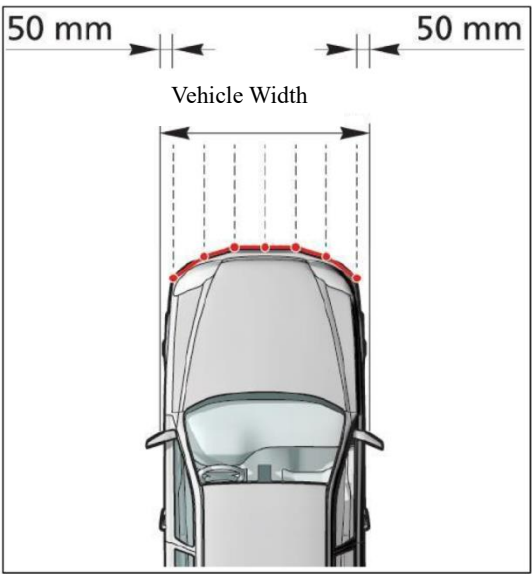
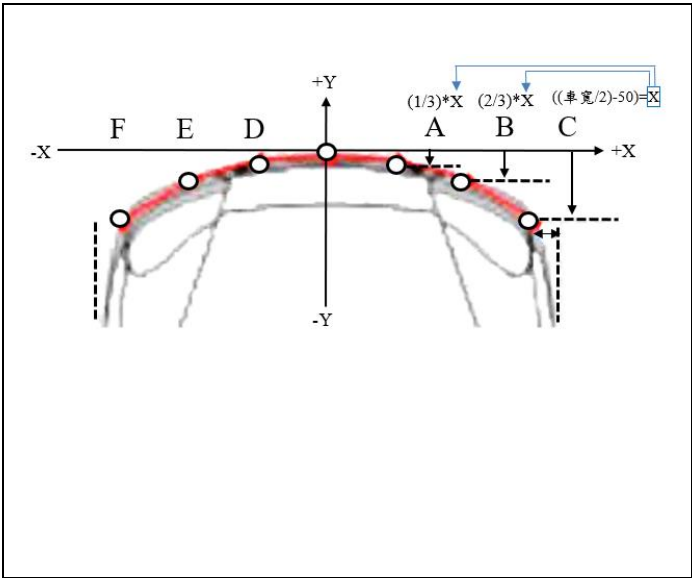
<u>Test Scenarios</u>	<u>Car-to-Pedestrian Longitudinal Adult</u> CPLA-25			<u>Car-to-Bicyclist Longitudinal Adult</u> CBLA-25	
<u>Predicted the time of FCW</u>	<u>Test Speed</u>	<u>Predicted the time of T_{FCW}</u> (Provided by the manufacturer)		<u>Test Speed</u>	<u>Predicted the time of T_{FCW}</u> (Provided by the manufacturer)
		<u>Day</u>	<u>Night</u>		
	50			50	
	55			55	
	60			60	
	65			65	
	70			70	
	75			75	
	80			80	
<u>Target speed (km/h)</u>	5			20	
<u>Visual Obstruction</u>	<u>None</u>			<u>None</u>	
<u>Impact location</u>	25%			25%	

(3) According to the requirements of protocol 3.11.2.3.1, the front bumper of the tested vehicle shall be provided, and the measuring time shall be reduced by 50 mm at the outermost edge of the width; it shall be formed by connecting the evenly divided seven parallel lines with the head contact (with the following specifications).

☐ Provided ; ☐ Not provided

Vehicle Width	mm						
Coordinate (mm)	F	E	D		A	B	C
X				0			
Y				0			

NOTE: Using mathematical quadrants to represent the sign (positive or negative) of a value.



Schematic diagram of the front bumper of the test vehicle