

ok - Survey fee

From _____ Date _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **YQ 1457Z**

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Remark: The veh had commenced its repair at the time of inspection.

IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: _____ days Res: Yes or No
Lum Sum: _____ % 3 Val: Yes or No

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Eng/No: JT NB23HK S03072025

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R17
R: 215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	12/03/21

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP 601
	MV : lump sum \$8300, 7days
	PV : red:9636.28; 53%
	Nett:

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

3

Report Formed :

Lump Sum F.P. fee 8300

Add Fee: ☐ : Site Insp (\$
☐ : Interview (\$
☐ : Tech. Invs (\$
☐ : Travel and

Survey Fee: _____
Transportation: _____
_____ \$ - PS \$

Phyllos

1080

ATD

$8 \times 29 = 200$

290 + 200
60
80
124
714