

Ref No.: SAL/VAS/2024-25/504 **Date:** 27-06-2024

INTIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Naval Kishore &	
Claim No.			
Policy No , Policy Period		, 27/06/2024 to 27/06/2024	
Date of Accident Vehicle Registration No.		27/06/2024 DL 3C DE2322	
(as per physical verfication)			
Date of appointment	Date & Time of first visit for inspection	27/06/2024	27/06/2024 19:23
Place of inspection (if different from the repairers workshop)		Place of Survey	
Brief descriptoin of accident			
Whether the nature of damage corroborates with the cause of loss		7	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office			
Loss Estimate		0	
Major damage physically noticed			
Suspected Internal damage			
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot			
Any pre-existing/old damage			
Perferred Mode of Assessment (Repair/CTL)			
Insurers approx. liability		0	
Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)			
Surveyor APP Token Number/s			
Name of the NIC officer with whom ILA discussed			

2. In case CTL, submit preliminary report within 7 days with at-least 2/3 online/offline wreck quotation.

Signature