



Ref No. : SAL/VAS/2024-25/455

Date : 26-02-2024

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Insured Name & Insured Address	
Claim No.		Claim No.	
Policy No , Policy Period		Policy No. , 26/02/2024 to 25/02/2025	
Date of Accident		25/02/2024	
Vehicle Registration No.		DL 3C CF 2345	
Chassis No.	Engine No.	Chassis no	Engine No
(as per physical verification)		Physically Verified	Physically Verified
Date of appointment	Date & Time of first visit for inspection	26/02/2024	26/02/2024 11:18
Place of inspection (if different from the repairers workshop)		Noida	
Brief descriptoin of accident		Brief description of the accident ,	
Whether the nature of damage corroborates with the cause of loss			
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office			
Loss Estimate		2816.00	
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		2432.00	
Other Information relevent for assesement of loss & discrepaincies observed in vehicluar document (if any)			
Surveyor APP Token Number/s			
Name of the NIC officer with whom ILA discussed			
1. ATTACH A FEW PHOTOGRAPHS CLEARLY SHOWING THE DAMAGES 2. In case CTL, submit preliminary report within 7 days with at-least 2/3 online/offline wreck quotation.			

Signature