



**Ref No. :** Ganesh/2024-25/294

**Date :** 26-02-2024

**INITIAL LOSS ASSESSMENT (ILA) REPORT**

Name & Contact of the Insured		testing &	
Claim No.			
Policy No , Policy Period		, 26/02/2024 to 26/02/2024	
Date of Accident		26/02/2024	
Vehicle Registration No.		TESTING	
Chassis No.	Engine No.		
(as per physical verification )			
Date of appointment	Date & Time of first visit for inspection	31/01/2024	26/02/2024 00:24
Place of inspection ( if different from the repairers workshop )		Testing	
Brief descriptoin of 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		0.00	
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		0.00	
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			
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**