

Ref No. : test/2023-24/24 **Date:** 21-11-2023

INTIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Intest903 & dffffffffff	
Claim No.		55543	
Policy No , Policy Period		34543 , 21/11/2023 to 20/11/2024	
Date of Accident		21/11/2023	
Vehicle Registration No.		vrtest903	
Chassis No.	Engine No.	3443	43554
(as per physical verfication)		rdf	fg
Date of appointment	Date & Time of first visit for inspection	21/11/2023	21/11/2023 17:50
Place of inspection (if different from the repairers workshop)		fgh	
Brief descriptoin of accident		Brief description of the accident	
Whether the nature of damage corroborates with the cause of loss		, hether the nature of damage corroborates with the cause of loss	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Loss Estimate		0	
Major damage physically noticed		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Suspected Internal damage		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Any pre-existing/old damage		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Perferred Mode of Assessment (Repair/CTL)		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Insurers approx. liability		0	
Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
Surveyor APP Token Number/s		er accompanied by NIC Officer. if yes Name, & Designation of the Office	
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