

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Insured Name &	
Claim No.		22222222222222	
Policy No , Policy Period		33333333333333 , 05/08/2024 to 05/08/2024	
Date of Accident		05/08/2024	
Vehicle Registration No.		DL 3D SD 2322	
Chassis No.	Engine No.		
(as per physical verification)			
Date of appointment	Date & Time of first visit for inspection	05/08/2024	05/08/2024 14:25
Place of inspection (if different from the repairers workshop)		Naresh Bodyworks	
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	
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			
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