

**Ref No.:** SAL/VAS/2024-25/526 **Date:** 22-08-2024

## INTIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Insured Name &	
Claim No.		New Claim No.	
Policy No , Policy Period		New Policy No. , 22/08/2024 to 22/08/2024	
Date of Accident		22/08/2024	
Vehicle Registration No.		DL 3C DE 2323	
Chassis No.	Engine No.	New Chassis No.	
(as per physical verfication )			
Date of appointment	Date & Time of first visit for inspection	21/08/2024	22/08/2024 17:41
Place of inspection ( if different from the repairers workshop )		Samara Hyundai	
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**