

**Ref No. :** SAL/VAS/2024-25/452 **Date :** 22-02-2024

## INTIAL LOSS ASSESSMENT (ILA) REPORT

| Name & Contact of the Insured   |   | Insured Name & Insured Address  |                  |
|---|---|---|------------------|
| Claim No.   |   | Claim No.   |                  |
| Policy No , Policy Period   |   | Policy No. , 22/02/2024 to 21/02/2025   |                  |
| Date of Accident  Vehicle Registration No.  |   | 22/02/2024 DL 3C DF 3456  |                  |
|   |   |   |                  |
| (as per physical verfication )  |   | Chassis no Phy.   | Engine No Phy.   |
| Date of appointment   | Date & Time of first visit for inspection | 22/02/2024  | 22/02/2024 07:14 |
| Place of inspection<br>( 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  |   | ,<br>Whether the nature of damage corroborates with the cause of loss   |                  |
| Whether accompanied by NIC Officer. if yes Name, & Designation of the Office  |   | Whether accompanied by NIC Officer. if yes Name, & Designation of the Office  |                  |
| Loss Estimate   |   | 0.00  |                  |
| Major damage physically noticed   |   | Major damage physically noticed   |                  |
| Suspected Internal damage   |   | Suspected Internal damage   |                  |
| Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot |   | 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   |   | Any pre-existing/old damage Any pre-existing/old damage   |                  |
| Perferred Mode of Assessment (Repair/CTL)   |   | Preferred Mode of Assessment (Repair/CTL)   |                  |
| Insurers approx. liability  |   | 0.00  |                  |
| Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)                                 |   | Other Information relevant for assessment of loss & discrepancies observed in vehicle document (if any) Other Information relevant for assessment of loss & discrepancies observed in vehicle document (if any) |                  |
| Surveyor APP Token Number/s   |   | Surveyor APP Token Numbers  |                  |
| Name of the NIC officer with whom ILA discussed   |   | 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**