

INITIAL LOSS ASSESSMENT (ILA) REPORT

	Name & Contact of the Insured		Raman Singh &	
	Claim No.			
	Policy No , Policy Period		, 30/04/2024 to 30/04/2024	
	Date of Accident		30/04/2024	
	Vehicle Registration No.		DL 3D CB2345	
	Chassis No.	Engine No.		
	(as per physical verification )			
	Date of appointment	Date & Time of first visit for inspection	10/02/2024	30/04/2024 21:01
	Place of inspection ( if different from the repairers workshop )		Noida	
	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		24000.00	
	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		13500.00	
	Other Information relevent for assesement 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