

Ref No.: SAL/VAS/2024-25/511 **Date:** 20-07-2024

INTIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Rohit Singh &	
Claim No.			
Policy No , Policy Period		, 20/07/2024 to 20/07/2024	
Date of Accident		20/07/2024	
Vehicle Registration No.		HR3D SD 2323	
Chassis No.	Engine No.		
(as per physical verfication)			
Date of appointment	Date & Time of first visit for inspection	08/06/2024	20/07/2024 12:24
Place of inspection (if different from the repairers workshop)		Faridabad	
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		1000.00	
Major damage physically noticed			
Suspected Internal damage			
Whether Spot Survey report/ p if yes, any further damage obs shifting the vehicle from the s	served subsequently after		
Any pre-existing/old damage			
Perferred Mode of Assessment (Repair/CTL)			
Insurers approx. liability		1000.00	
Other Information relevent for loss & discrepaincies observed (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