

Ref No.: SAL/VAS/2024-25/502 **Date:** 09-06-2024

INTIAL LOSS ASSESSMENT (ILA) REPORT

| Name & Contact of the Insured | | Raman & | |
|---|---|----------------------------|------------------|
| Claim No. | | | |
| Policy No , Policy Period | | , 09/06/2024 to 09/06/2024 | |
| Date of Accident | | 08/06/2024 | |
| Vehicle Registration No. | | DL 3S CV1233 | |
| Chassis No. | Engine No. | | |
| (as per physical verfication) | • | | |
| Date of appointment | Date & Time of first visit for inspection | 09/06/2024 | 09/06/2024 23:12 |
| Place of inspection (if different from the repairers workshop) | | Patparganj Samara Hyundai | |
| 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 | | 1200.00 | |
| Major damage physically noticed | | | |
| Suspected Internal damage | | | |
| Whether Spot Survey report/ p if yes, any further damage obs shifting the vehicle from the s | erved subsequently after | | |
| Any pre-existing/old damage | | | |
| Perferred Mode of Assessment (Repair/CTL) | | | |
| Insurers approx. liability | | 350.00 | |
| 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