



Ref No. : SAL/VAS/2024-25/463

Date : 03-03-2024

INITIAL LOSS ASSESSMENT (ILA) REPORT

|  |   |                            |                  |
|--|---|----------------------------|------------------|
| Name & Contact of the Insured  |   | Insured &                  |                  |
| Claim No.  |   |                            |                  |
| Policy No , Policy Period  |   | , 03/03/2024 to 03/03/2024 |                  |
| Date of Accident   |   | 03/03/2024                 |                  |
| Vehicle Registration No.   |   | DL 3C RT 1235              |                  |
| Chassis No.  | Engine No.                                |                            |                  |
| (as per physical verification )  |   |                            |                  |
| Date of appointment  | Date & Time of first visit for inspection | 03/03/2024                 | 03/03/2024 12:19 |
| Place of inspection<br>( 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.<br>if yes Name, & Designation of the Office  |   |                            |                  |
| Loss Estimate  |   | 0                          |                  |
| Major damage physically noticed  |   |                            |                  |
| Suspected Internal damage  |   |                            |                  |
| Whether Spot Survey report/ photographs received,<br>if yes, any further damage observed subsequently after<br>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<br>loss & discrepaincies observed in vehicluar document<br>(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<br>2. In case CTL, submit preliminary report within 7 days with at-least 2/3 online/offline wreck quotation. |   |                            |                  |

Signature