

Ref No.: SAL/VAS/2024-25/450 **Date:** 21-02-2024

INTIAL LOSS ASSESSMENT (ILA) REPORT

| Name & Contact of the Insured | | Sh. Mukesh Kumar & | |
|---|---|----------------------------|------------------|
| Claim No. | | | |
| Policy No , Policy Period | | , 21/02/2024 to 21/02/2024 | |
| Date of Accident | | 21/02/2024 | |
| Vehicle Registration No. | | MH-09-GC-0254 | |
| Chassis No. | Engine No. | | |
| (as per physical verfication) | | | |
| Date of appointment | Date & Time of first visit for inspection | 07/02/2024 | 21/02/2024 17:40 |
| Place of inspection (if different from the repairers workshop) | | Mumbai Workshop | |
| Brief descriptoin of accident | | | |
| Whether the nature of damage corroborates with the cause of loss | | 7, | |
| Whether accompanied by NIC Officer. if yes Name, & Designation of the Office | | | |
| Loss Estimate | | 18000.00 | |
| Major damage physically noticed | | | |
| Suspected Internal damage | | | |
| Whether Spot Survey report/ if yes, any further damage obshifting the vehicle from the s | served subsequently after | | |
| Any pre-existing/old damage | | | |
| Perferred Mode of Assessment (Repair/CTL) | | | |
| Insurers approx. liability | | 3000.00 | |
| 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