



Ref No. : test/2023-24/9

Date :12-12-2023

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		sdf & i adres	
Claim No.		435345	
Policy No	Policy Period	6543543	from 1998-12-12 to 2012-02-12
Date of Accident		2023-09-12 12:23	
Vehicle Registration No.		SDF	
Chassis No.	Engine No.	65434567	6453434
(as per physical verification)	yes		yes
Date of appointment & Date & Time of first visit for inspection		2023-10-29 13:46	
Place of inspection (if different from the repairers workshop)		sdf	
Brief descriptoin of accident		testt	
Whether the nature of damage corroborates with the cause of loss		/ loss	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office			
Loss Estimate		200.00	
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		154.88	
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