



Ref No. : LAL/2023-24/1024

Date : 09-12-2023

INITIAL LOSS ASSESSMENT (ILA) REPORT

| | | | |
|--|---|----------------------------|------------------|
| Name & Contact of the Insured | | & | |
| Claim No. | | | |
| Policy No , Policy Period | | , 09/12/2023 to 09/12/2023 | |
| Date of Accident | | 09/12/2023 | |
| Vehicle Registration No. | | DDDDDD | |
| Chassis No. | Engine No. | | |
| (as per physical verification) | | | |
| Date of appointment | Date & Time of first visit for inspection | 09/12/2023 | 09/12/2023 13:31 |
| Place of inspection (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. if yes Name, & Designation of the Office | | | |
| Loss Estimate | | 0 | |
| 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 | | 0 | |
| 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