



Ref No. : test/2023-2024/4

Date : 27-11-2023

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Istest10 & new insurer adresss	
Claim No.		cl1234	
Policy No , Policy Period		er2342 , 01/10/2023 to 19/12/2023	
Date of Accident		29/10/2023	
Vehicle Registration No.		vrTest10	
Chassis No.	Engine No.	ch4354	en34273
(as per physical verfication )		testt	test4
Date of appointment	Date & Time of first visit for inspection	19/10/2023	27/11/2023 14:59
Place of inspection ( if different from the repairers workshop )		fgh	
Brief descriptoin of accident		breif description	
Whether the nature of damage corroborates with the cause of loss		Whether the nature of damage corroborates with the cause of loss	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office		Whether accompanied by NIC Officer. if yes Name, & Designation of the Office	
Loss Estimate		14514.00	
Major damage physically noticed		Major damage physically noticed	
Suspected Internal damage		Suspected Internal damage	
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot		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		Any pre-existing/old damage	
Perferred Mode of Assessment (Repair/CTL)		Preferred Mode of Assessment (Repair/CTL)	
Insurers approx. liability		13527.52	
Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)		dfgdf5654	
Surveyor APP Token Number/s		dfgdf5654	
Name of the NIC officer with whom ILA discussed		nic officer	
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