Ref No. : test/2023-24/13

Date : 22-11-2023

INTIAL LOSS ASSESSMENT (ILA) REPORT

	Name & Contact of the Insured	adadasd & Insured Address	
	Claim No.	awdad	
	Policy No , Policy Period	6987P456 , 21/11/2023 to 20/11/2024	
	Date of Accident	28/11/2023	
	Vehicle Registration No.	ASASDAD	
	Chassis No.	Engine No.	CH2374NO	EN2374NO
	(as per physical verfication)		yes	yes
	Date of appointment	Date & Time of first visit for inspection	29/11/2023	29/11/2023 12:27
	Place of inspection (if different from the repairers workshop)	test worksop12	
	Brief descriptoin of accident	Brief description of the accident	
	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	100.00	
	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	100.00	
	Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)	Other Information relevant for assessment of loss & discrepancies observed in vehicle document (if any)	
	Surveyor APP Token Number/s	Surveyor APP Token Numbers	
	Name of the NIC officer with whom ILA discussed	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