



Ref No. : test/2023-24/14

Date : 21-11-2023

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		45645 & hhhhhhhhhhhhh	
Claim No.		33333333	
Policy No , Policy Period		33333333 , 21/11/2023 to 20/11/2024	
Date of Accident		21/11/2023	
Vehicle Registration No.		4654645	
Chassis No.	Engine No.	4444444444	4444444444
(as per physical verification)		vvv	vvv
Date of appointment	Date & Time of first visit for inspection	21/11/2023	21/11/2023 18:01
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		Brief description of the accident	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office		Brief description of the accident	
Loss Estimate		35737.00	
Major damage physically noticed		Brief description of the accident	
Suspected Internal damage		Brief description of the accident	
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot		Brief description of the accident	
Any pre-existing/old damage		Brief description of the accident	
Perferred Mode of Assessment (Repair/CTL)		Brief description of the accident	
Insurers approx. liability		39768.06	
Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)		Brief description of the accident	
Surveyor APP Token Number/s		Brief description of the accident	
Name of the NIC officer with whom ILA discussed		Name of the NIC ofBrief description of the accidentficer 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