

INITIAL LOSS ASSESSMENT (ILA) REPORT

	Name & Contact of the Insured		Insured Name &	
	Claim No.			
	Policy No , Policy Period		, 30/04/2024 to 30/04/2024	
	Date of Accident		16/03/2024	
	Vehicle Registration No.		DL 3E CD 2345	
	Chassis No.	Engine No.		
	(as per physical verification)			
	Date of appointment	Date & Time of first visit for inspection	04/03/2024	16/03/2024 16:16
	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		0.00	
	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		584000.00	
	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