

**Ref No.:** SAL/VAS/2024-25/501 **Date:** 14-05-2024

## INTIAL LOSS ASSESSMENT (ILA) REPORT

| Name & Contact of the Insured   |   | Ronit Roy &                |                  |
|---|---|----------------------------|------------------|
| Claim No.   |   |                            |                  |
| Policy No , Policy Period   |   | , 14/05/2024 to 14/05/2024 |                  |
| Date of Accident  |   | 14/05/2024                 |                  |
| Vehicle Registration No.  |   | DL 3D SD 3434              |                  |
| Chassis No.   | Engine No.                                |                            |                  |
| (as per physical verfication )  | •   |                            |                  |
| Date of appointment   | Date & Time of first visit for inspection | 14/05/2024                 | 14/05/2024 18:30 |
| Place of inspection<br>( if different from the repairers workshop )   |   | Delhi                      |                  |
| Brief descriptoin of accident   |   |                            |                  |
| Whether the nature of damage corroborates with the cause of loss  |   | 7                          |                  |
| 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 assessement of loss & discrepaincies observed in vehicluar document (if any)                                 |   |                            |                  |
| Surveyor APP Token Number/s   |   |                            |                  |
| Name of the NIC officer with whom ILA discussed   |   |                            |                  |

2. In case CTL, submit preliminary report within 7 days with at-least 2/3 online/offline wreck quotation.

**Signature**