



Ref No. :LAL/2023-2024/1002

Date :

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Vikram Singh&	
Claim No.			
Policy No.	Policy Period		from to
Date of Accident			
Vehicle Registration No.		HR2CDF12345	
Chassis No.	Engine No.		
(as per physical verification)			
Date of appointment & Date & Time of first visit for inspection			
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			
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			
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