



Ref No. : SAL/VAS/2024-25/507

Date : 04-07-2024

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		testing & wertyuioserdtyui	
Claim No.		234	
Policy No , Policy Period		234 , 03/07/2024 to 02/07/2025	
Date of Accident		01/04/2001	
Vehicle Registration No.		123	
Chassis No.	Engine No.	4	4
(as per physical verification )		4	4
Date of appointment	Date & Time of first visit for inspection	03/04/2004	01/04/2001 00:00
Place of inspection ( if different from the repairers workshop )		4	
Brief descriptoin of accident		4	
Whether the nature of damage corroborates with the cause of loss		4	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office		4	
Loss Estimate		0.00	
Major damage physically noticed		44	
Suspected Internal damage		4	
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot		4	
Any pre-existing/old damage		4	
Perferred Mode of Assessment (Repair/CTL)		4	
Insurers approx. liability		0.00	
Other Information relevent for assessement of loss & discrepaincies observed in vehicluar document (if any)		4	
Surveyor APP Token Number/s		4	
Name of the NIC officer with whom ILA discussed		4	
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