



Ref No. : SAL/VAS/2024-25/460

Date : 29-02-2024

INITIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Naman Singh & Insured Address	
Claim No.		Claim No.	
Policy No , Policy Period		Policy No. , 29/02/2024 to 28/02/2025	
Date of Accident		27/02/2024	
Vehicle Registration No.		DL 3C BD 1234	
Chassis No.	Engine No.	Chassis no	Engine No
(as per physical verification)		Chassis no Physically Verified	Engine No Physically Verified
Date of appointment	Date & Time of first visit for inspection	29/02/2024	29/02/2024 10:39
Place of inspection (if different from the repairers workshop)		Noida	
Brief descriptoin of accident		Brief description of the accident	
Whether the nature of damage corroborates with the cause of loss		Whether the nature of damage corroborates with the cause of loss	
Whether accompanied by NIC Officer. if yes Name, & Designation of the Office		Whether accompanied by NIC Officer. if yes Name, & Designation of the Office	
Loss Estimate		0.00	
Major damage physically noticed		Major damage physically noticed	
Suspected Internal damage		Suspected Internal damage	
Whether Spot Survey report/ photographs received, if yes, any further damage observed subsequently after shifting the vehicle from the spot		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		Any pre-existing/old damage	
Perferred Mode of Assessment (Repair/CTL)		Preferred Mode of Assessment (Repair/CTL)	
Insurers approx. liability		0.00	
Other Information relevent for assesement of loss & discrepaincies observed in vehicluar document (if any)		Surveyor APP Token Numbers	
Surveyor APP Token Number/s		Surveyor APP Token Numbers	
Name of the NIC officer with whom ILA discussed		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