

Ref No.: SAL/VAS/2024-25/468 **Date:** 23-04-2024

INTIAL LOSS ASSESSMENT (ILA) REPORT

Name & Contact of the Insured		Dhani Ram &	
Claim No.			
Policy No , Policy Period		, 23/04/2024 to 23/04/2024	
Date of Accident		23/04/2024	
Vehicle Registration No.		HP 23C 0973	
Chassis No.	Engine No.		
(as per physical verfication)			
Date of appointment	Date & Time of first visit for inspection	04/02/2024	23/04/2024 00:03
Place of inspection (if different from the repairers workshop)		Local WorkShop	
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		16850.00	
Major damage physically noticed			
Suspected Internal damage			
Whether Spot Survey report/ pif yes, any further damage obshifting the vehicle from the s	served subsequently after		
Any pre-existing/old damage			
Perferred Mode of Assessment (Repair/CTL)			
Insurers approx. liability		2500.00	
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