

Basic Loss Adjustment Documentation Form

General Information

Claim Number:	<input type="text"/>
Date of Loss:	<input type="text"/>
Date Reported:	<input type="text"/>
Adjuster Name:	<input type="text"/>
Insured Name:	<input type="text"/>
Policy Number:	<input type="text"/>

Loss Details

Location of Loss:	<input type="text"/>
Cause of Loss:	<input type="text"/>

Description of Loss / Damages:

Assessment & Findings

Inspection Date:	<input type="text"/>
Inspection Summary:	<div><input type="text"/></div>
Estimated Total Loss Amount:	<input type="text"/>
Photos & Supporting Documents:	<div>List of attached files<input type="text"/></div>

Recommendation

Settlement Recommendation:

Signatures

Adjuster Signature:

Date:

Important Notes

- Ensure all required fields are completed accurately and thoroughly.
- Attach all supporting evidence such as photos, receipts, and witness statements.
- Maintain a copy of the document for both adjuster and insured party records.
- This document is critical for transparent and fair loss assessment.
- Follow your organization's privacy and documentation guidelines at all times.