

Basic Loss Adjustment Documentation Form

General Information

Claim Number:

Date of Loss:

Date Reported:

Adjuster Name:

Insured Name:

Policy Number:

Loss Details

Location of Loss:

Cause of Loss:

Description of Loss / Damages:

Assessment & Findings

Inspection Date:

Inspection Summary:

Estimated Total Loss Amount:

Photos & Supporting
Documents:

List of attached files

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.