

# Comprehensive Loss Adjustment Settlement Form

## A. Claim Information

|                     |  |              |  |
|---------------------|--|--------------|--|
| Claim Number        |  | Date of Loss |  |
| Policy Number       |  | Insured Name |  |
| Contact Number      |  | Email        |  |
| Address of Loss     |  |              |  |
| Description of Loss |  |              |  |

## B. Loss & Damage Assessment

| Item #            | Description | Quantity | Unit Cost | Total Cost | Remarks |
|-------------------|-------------|----------|-----------|------------|---------|
| 1                 |             |          |           |            |         |
| 2                 |             |          |           |            |         |
| 3                 |             |          |           |            |         |
| Total Loss Amount |             |          |           |            |         |

## C. Settlement Calculation

|                                 |  |
|---------------------------------|--|
| Gross Loss Amount               |  |
| Less: Policy Deductible         |  |
| Less: Depreciation / Deductions |  |
| Other Adjustments               |  |
| Net Settlement Amount Payable   |  |

## D. Payee Details

|                |  |                  |  |
|----------------|--|------------------|--|
| Payee Name     |  | Bank             |  |
| Account Number |  | IFSC/Branch Code |  |

## E. Declaration & Signature

|                     |                           |                          |
|---------------------|---------------------------|--------------------------|
| Insured's Signature | Loss Adjuster's Signature | Insurer's Representative |
| Date: _____         | Date: _____               | Date: _____              |

## Important Notes:

- This form must be completed accurately and in full for settlement processing.
- Attach relevant supporting documents (invoices, reports, photographs, etc.).
- Any false or incomplete declarations may lead to rejection or legal action.
- All settlements are subject to policy terms, conditions, and coverage limits.
- Retain a copy of this form and all enclosures for your records.