

# 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.