

**ABC Insurance Corp.**

**789 Cover St., Suite 2**

**Metropolis, XY 87654**

**Phone: (555) 321-6789**

**Email: claims@abcinsurance.com**

**Statement Date: 2024-06-20**

**Statement #: ADJ-203984**

## Detailed Claim Loss Adjustment Statement

### Policyholder Information

<b>Name</b>	John Doe	<b>Contact</b>	(555) 908-7654
<b>Address</b>	123 Main Avenue, Springfield, XY 54321		
<b>Policy Number</b>	PL-55677XY	<b>Date of Loss</b>	2024-06-14

### Claim Details

<b>Claim Number</b>	CLM-09023718	<b>Type</b>	Fire Damage
<b>Description</b>	Fire damage affecting kitchen and dining area due to accidental stove ignition. Loss includes structural damage, fixtures, and appliances.		

### Loss Calculation

<b>Item</b>	<b>Description</b>	<b>Amount (USD)</b>
Structural Repair	Reconstruction, painting, debris removal	13,400.00
Kitchen Appliances	Refrigerator, stove, microwave (replacement)	4,200.00
Furniture	Dining set, storage units	2,350.00
Additional Living Expenses	Temporary housing (10 days)	1,200.00
<b>Gross Loss</b>		<b>21,150.00</b>
Less: Deductible		-2,000.00
Less: Non-Covered Items		-300.00
<b>Net Payable</b>		<b>18,850.00</b>

### Remarks

All calculations are based on on-site assessment and provided invoices. The final net payable amount is subject to policy terms and receipt of all required documentation.

Adjuster Signature

Maria Lee  
Senior Loss Adjuster

Policyholder Signature

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John Doe

**Important Notes**

- This statement summarizes the insurer's loss assessment and payment breakdown.
- Amounts and adjustments comply with the policy's terms, conditions, and deductibles.
- Supporting documents (photos, invoices) should be retained for audit purposes.
- Review this statement carefully; contact your adjuster for any discrepancies or questions.
- Final payment is subject to completion of all required claim documentation.