

ABC Insurance Corp.
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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

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

Claim Details

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

Loss Calculation

Item	Description	Amount (USD)
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
Gross Loss		21,150.00
Less: Deductible		-2,000.00
Less: Non-Covered Items		-300.00
Net Payable		18,850.00

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

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.